FINDINGS FROM THE
COLUMBIA NEIGHBORHOOD CENTER REPLICATION STUDY AND COMMUNITY NEEDS ASSESSMENT

Prepared for the City of Sunnyvale
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EXECUTIVE SUMMARY

This report presents findings from an in-depth study encompassing several aspects: the feasibility of replicating the Columbia Neighborhood Center (CNC) model elsewhere in the City of Sunnyvale; the priority needs of Sunnyvale residents and gaps in the provision of service; and Sunnyvale residents' access to information about programs and services.

Methodology

The assessment utilized a mix of quantitative and qualitative research methodologies in order to obtain the desired information, as follows:

- Structured, in-depth interviews were conducted with over forty individuals who are familiar with the Columbia Neighborhood Center, in order to gauge their perceptions of the feasibility of replicating this model, lessons learned and the need for a similar center elsewhere in Sunnyvale;

- A telephone survey was conducted with a random sample of 502 Sunnyvale households. The purpose of the survey was to assess Sunnyvale resident perceptions of and satisfaction with the CNC, identify priority needs and gaps in services, and find out how residents access information about needed programs and services;

- A series of secondary data indicators were analyzed in order to obtain an overview of key indicators of health and well-being of Sunnyvale residents, and to assess differences in those indicators based on geographic region within Sunnyvale;

- Focus groups were conducted with a cross-section of Sunnyvale residents in order to obtain community feedback regarding a number of issues, including resident perceptions of a new resource center, priority needs and gaps in the provision of services, and how residents access information about programs and services. Focus groups were conducted with homeless individuals, parents of disabled children, Spanish-speaking clients of Sunnyvale Community Services and English-speaking clients of Sunnyvale Community Services. In addition, focus groups were conducted with at-risk middle school students, high school students, parents of elementary school children and parents of middle and high school children. Since those findings are relevant to this study, they have been included in this report as well;

- Two additional focus groups were conducted, with middle school students participating in the CNC after school program and Spanish-speaking parents who use the clinic located at the CNC site. The purpose of those focus groups was to assess customer satisfaction with the CNC and obtain recommendations for improving the services offered.

- An inventory of community-based assets was compiled, in order to identify the existence of programs and services located within the City of Sunnyvale. Assets inventoried include recreation, education, health, social services, youth programming, child care, neighborhood associations and places of worship. In addition to the inventory, the assets were plotted on a series of maps in order to depict the location and spatial distribution of resources within Sunnyvale.

- In addition to the asset maps, key indicators of health and well-being from secondary data sources and the household survey were mapped according to zip code, in order to depict discrepancies in those indicators by geographic region.

Key Findings

The following is a summary of key findings regarding the research's principal objectives: the replicability of the CNC model elsewhere in Sunnyvale, priority needs of Sunnyvale residents and how Sunnyvale residents obtain information about needed programs and services.

Replicability of the CNC Model

The research indicates that the Columbia Neighborhood Center has been very successful in providing services to children and adult residents of Sunnyvale. Focus groups and household survey findings reveal a very high level of customer satisfaction; overall, 93% of survey respondents that have used the CNC (n=27) claim they are "very" (83%) or "somewhat" (10%) satisfied with the services received. Middle school students participating in CNC programs like the quality of the programs, feel the staff are friendly and appreciate the individualized attention they receive at the clinic. Despite their age, they are aware and appreciative of how affordable programs at the CNC are. Parents using the clinic feel the services are of high quality, find the staff knowledgeable and friendly and appreciate the fact that many of the staff speak Spanish. They also appreciate the information and referrals they have received from the case worker.

Key informants who are familiar with the CNC feel this model has overall been very successful. Aspects of the model that have contributed to its success are the co-location of services on one site, the collaborative provision of services through a variety of agencies, and the location of the CNC on a school site. They also feel that the CNC represents the diversity of the community it serves in terms of its Hispanic population, but feel there should be more outreach to Asian members of the surrounding community.

Nonetheless, the key informants cited several lessons learned from the CNC that should be considered in light of the possibility of replicating this model. Virtually all key informants felt the co-location of services on the same site is a positive aspect of the model, in terms of providing clients with easier access to programs and services. Most key informants also felt that locating the CNC on a school site has been positive, since the site is familiar and accessible for most students and parents and offers a wide range of academic and recreational resources and facilities that can be used during non-school hours. The key informants cited several drawbacks

of co-locating on a school site, particularly the need for a shared vision and close collaboration with school leadership, which may at times prove difficult; the fact that many residents are not aware that the services offered by the CNC are for all Sunnyvale residents and not only Columbia Middle School students and parents; and the fact that many residents do not realize the CNC is a year-round facility and is open during school breaks and vacation.

The principal lesson learned from the CNC experience to-date is with respect to the collaborative provision of services. The majority of key informants agreed that the collaborative provision of services is of great benefit for clients, since it affords the provision of coordinated, "wrap-around" services that address a range of issues facing individuals and families in an integrated fashion. This approach has also represented significant cost savings for the CNC. However, many key informants cited the challenges of successful collaboration, in terms of issues such as integrating agencies with distinct missions and organizational cultures into a program with a unified vision, the time required for effectively managing collaborative ventures, and the degree to which staffing and funding changes in any particular agency can affect the entire collaborative. Despite these challenges, most key informants felt that a new center should be run using a similar collaborative approach, with an understanding of the time and resources required to run a successful collaboration.

It is apparent that the CNC model has been very successful and has a high potential for replicability. However, it is less clear whether a new resource center is in fact the best strategy for meeting the needs of Sunnyvale residents. A number of factors should be considered in that regard:

- The household survey and the secondary data analysis indicate that the area in which the CNC is located is by far the area of greatest need in Sunnyvale. It is subsequently questionable whether resources should be directed toward other parts of the city, while there is still such a high level of need in that area;

- The research findings indicate that the principal gaps in the provision of services are: (a) increased access to affordable and quality child care for working parents; (b) increased programs for school-age children during weekends, vacations and after school; and (c) increased access to health care for uninsured populations. If a new resource center could provide those services, it would contribute significantly to reducing the gaps in the provision of services in Sunnyvale. However, it is not clear whether a new center is the best way to address those issues. Some pros and cons of establishing a new resource center are the following:

  - While a new resource center could provide child care, that need may be better addressed through other mechanisms, including promoting the establishment of additional child care facilities and mechanisms for making those services more affordable for working families;

  - There is clearly a need for more children's programming. While a new center could offer that, that could also be addressed at a more local level, by expanding

the after school programming that is currently offered at the elementary and middle schools, which are familiar and easily accessible for most students. Increased after school programming could also be offered by expanding programs at the Sunnyvale Community Center and making those programs more affordable for lower-income families. The Sunnyvale Community Center is familiar to and easily accessible for most residents, particularly those in the southern part of the city, and, according to several key informants, is somewhat underutilized;

- Increased access to health care for uninsured residents is a serious concern, particularly in two parts of Sunnyvale – the CNC catchment area and the area west of Mary Avenue and downtown, where many low-income and immigrant families reside. The latter is also the area in which household survey respondents cited the greatest need for children's programming. Given the specialized nature of health care, further study is required to determine whether health services could be provided by a new community center, by utilizing existing facilities such as Sunnyvale Community Services, by the construction of a new clinic, or by expanding services at sites such as the Fair Oaks Clinic.

Should the City of Sunnyvale decide to establish a new resource center, the research findings indicate that the population in greatest need of services (after the CNC catchment area) is located in the area west of downtown. In that sense, the best option for establishing a new center may be the Sunnyvale Middle School campus, which is located in the area of greatest need and has the facilities to house a new center. Another site that should be considered is the complex located near Washington Park, given its proximity to the population most in need, the fact that Sunnyvale Community Services is located there, and the fact that the Adair School, which serves at-risk middle school youth, is located there. However, that complex may not have the appropriate facilities for a new community center. A third option to consider is the Sunnyvale Community Center, which is relatively accessible for most residents living on the south side of Sunnyvale and also houses many facilities which could be used for providing additional services.

Alternatively, it may be more feasible to provide services at different sites. For example, after-school programming could be expanded at the Sunnyvale Middle School, while health services are located at the complex housing Sunnyvale Community Services.

Priority Needs of Sunnyvale Residents

This research reveals a healthy and vibrant community, with an educated and affluent populace. Nonetheless, the research also reveals a number of unmet and pressing needs among children and families in Sunnyvale. While those needs are found among residents throughout the entire city, they are more prevalent in some communities than others. The principal areas of need identified by the needs assessment are increased access to quality and affordable child care, increased access to children's programming after school, on weekends and during school breaks and vacations, and increased access to health care for low-income residents. The areas of

greatest need are the current CNC catchment area and the area located to the west of downtown. The Kodiak Court area also shows high need, particularly with respect to after-school programming and access to health care.

Access to Information About Programs and Services

The City of Sunnyvale makes numerous efforts to provide community members with access to complete information about the variety of programs and services available to them, through a range of media including the quarterly newsletter, activity guides, a website, flyers, information sent home from schools and other means. However, it is not clear whether residents have sufficient access to that information. On one hand, 84% of household survey respondents feel they have sufficient information about programs and services (with little variation with respect to geographic location or demographic characteristics). The majority (75%) of respondents get that information from traditional media, such as newspapers, newsletters, brochures, TV and radio, followed by word of mouth (26%) and the Internet (21%). There are a number of differences between groups with respect to accessing information, based on a range of factors including place of residence, income, and race/ethnicity.

Despite the above, key informant interviewees cite the lack of access to information as a barrier to accessing needed services, and focus group participants, such as parents and non-English speaking residents discussed this as an issue of concern. Some individuals believe the City is already doing all it can to advertise services, and that the problem is the fact that people are too busy to review the information they receive from the City. Others feel the City should do translate more materials into other languages, target information for specific groups, such as immigrants and teens, produce informational materials that are more visually appealing, for example, using more color and graphics and fewer words.

A summary of detailed findings from each of the methods utilized in this assessment is presented below.

Findings from Key Informant Interviews

In-depth key informant interviews were conducted with 42 representatives from the City of Sunnyvale, the Sunnyvale School District, the Fremont Union High School District, the County of Santa Clara, nonprofits, and private sector companies (see Appendix C for a list of the individuals interviewed). The following is a synthesis of key findings from these interviews:

Perceptions of a New Resource Center

Most key informants believe that the establishment of another resource center in Sunnyvale would be beneficial for community residents, because of the benefits the CNC has brought to the neighborhood it serves, because the CNC model is sound, and because all Sunnyvale residents can benefit from the services a new resource center would provide. A smaller number of key informants were less convinced of the need for a new resource center for

several reasons, including the fact that the CNC area is the area of highest need and resources should not be diluted, because the City of Sunnyvale should refine the CNC model before applying it elsewhere, and because existing needs might be better met with smaller scale or mobile services.

Lessons Learned with Respect to Implementing a New Resource Center

Should the City of Sunnyvale decide to establish a new resource center, most key informants agree that it should feature aspects of the CNC model that have been successful, including the co-location of services; collaborative service delivery; and location on a school site.

Virtually all key informants believe the co-location of services on one site has been a very successful aspect of the CNC model, and none cited any drawbacks to that approach. Most key informants also feel the collaborative delivery of services is the best ways to provide services. The benefits of collaboration include the ability to provide "wrap-around" services addressing a broad range of issues, improved referrals, the ability to tap into the skills and experience of the different partners, and increased access to grants. However, the key informants stressed that collaborations are challenging to manage if the entities involved do not share a common vision, when there are changes in leadership, and when they do not have adequate resources or a good system of communication.

A majority of key informants agreed that it would be good to locate a new center on or a near a school site, because it is familiar and accessible to residents, it is easy to follow through on services with families who are there to pick up and drop off children, and the facilities are appropriate for service provision. The challenges of co-location on a school site include difficulties coordinating with the school administration, "turf" issues, a lack of privacy with respect to accessing confidential services, the fact that many people do not realize the center is open to all community members, and the fact that many people do not realize the center is open during school breaks and vacations.

General Recommendations

The key informants made a number of additional recommendations with respect to a new resource center, including: expanded evening and weekend hours; sufficient resources to achieve its goals; a larger facility than the CNC, with more classrooms, counseling spaces, and a larger central area; conducting a comprehensive needs assessment to determine appropriate services to offer; providing services free or at a low cost; partnering with local companies and businesses and Sunnyvale Community Services; serving elementary school children as much as middle school children and an increased focus on prevention activities.

Location of a New Center

The key informants believe that the main criteria for the location of a new center should be need for services, accessibility, and availability of an appropriate facility. The key informants identified four areas for a new resource center: Sunnyvale Middle School, Fremont High School, North of 101, and the south side of Sunnyvale.

Evaluation of the Columbia Neighborhood Center

The overwhelming majority of key informants feel that the CNC has improved the quality of life for community members. They believe that the CNC has brought many valuable services to the neighborhood, including increased access to services, an increased sense of community identity, a safe and positive environment for youth, and success in leveraging funding and resources. The key informants provided a number of recommendations for the CNC to improve its services, emphasizing that the CNC needs additional resources, such as staff, funding and space, to do so. Their recommendations include: increased outreach to populations not using CNC services as much as others, such as Asian community residents, those without children at Columbia Middle School, and elementary school students; establishing stronger collaborative partnerships, particularly with Columbia Middle School; increased hours of service during the evening and on weekends; conduct a follow-up to the initial CNC needs assessment to make sure that current services still reflect neighborhood needs; expanding the legal services to include family law services; developing a mentoring program and a peer counseling program for children and teens; providing a psychiatrist on staff who can prescribe medicine; expanding counseling services to include adults; and offer drop-in parenting classes and workshops in various languages.

Improving Sunnyvale Residents' Access to Services

The key informants were asked for their opinion regarding barriers to accessing available information experienced by Sunnyvale residents. While most informants identified language and culture as the principal barriers, many believe that the City of Sunnyvale is already doing enough to publicize services, but the problem is that residents do not absorb that information due to busy schedules or "information overload." The key informants provided a number of recommendations for improving access to information about available services, including translating information into various languages; improved relationships with neighborhood associations, churches and other grassroots groups; utilizing a grassroots approach to publicity, such as conducting door-to-door campaigns and developing neighborhood advisory groups; advertising via signs, billboards and street banners; and providing a toll-free number with information about programs and services.

Findings from Focus Groups with Sunnyvale Residents

Key findings from focus groups with Sunnyvale residents include the following:

At-Risk Middle School Students

Participants in this group reported they would like more activities for children their age in Sunnyvale. They like sports and movies, recreational activities and dancing. They believe the main reason people their age do not attend programs and activities in Sunnyvale is because transportation is difficult and buses stop running early in the evening. They would like to see a teen center in Sunnyvale, which they feel should be located close to or in the mall, which they find centrally located and easily accessible. They would like to spend more time at the mall, but complain it is too empty. The main problems these youth face are a lack of activities (which they realize can lead them to get into trouble), substance abuse (particularly alcohol and marijuana) and a lack of adults they can talk to about their problems. They would be very interested in a resource center that would allow them to engage in recreational activities and get assistance with homework and tutoring, noting that "kids need to stay out of trouble and get their grades up." The would like it if this center connected them with volunteer opportunities (they would ideally like to work, but realize they are too young), which they claim would also help keep them out of trouble.

Members of the Sunnyvale Teen Council

Council members discussed a number of activities they enjoy, including going to the movies, eating out at restaurants, going to coffee and juice shops, playing sports and going to parties. However, while they discussed a lack of activities for teens in Sunnyvale, they also emphasized that what they most like to do is "hang out" with friends. When asked what kinds of activities they would like in Sunnyvale, the teens mentioned a movie theater, a dance club and a place to get help with homework. They agreed that teenagers would probably go to the new mall once the improvements underway are completed. The main barrier to accessing programs and services is transportation, as many of their parents will not let them use public transit. This becomes much less of an issue for teens with driver's licenses. The Teen Council members admit that teens are a difficult population to provide programs and services for, because they enjoy spontaneous activities and are very concerned with image and will not go somewhere that has the wrong image. They feel that drugs, drinking, pregnancy and peer pressure are the main problems facing teens in Sunnyvale, and claimed that most teenagers turn to friends to discuss their problems instead of teachers, counselors or other adults. They agreed there are probably resources in Sunnyvale for teens who need help with problems, but claim it is difficult to know where to go for help. They would also like more help getting jobs, because school career centers do not help them get interesting or well-paying jobs. The Teen Council members thought it would be helpful if there were a central place teens could go for help and information about services and programs. They do not think teens would be very active participants in a new resource center that targeted the general community. It would be difficult to attract teens and younger kids at the same time, since there is a stigma around hanging out at places where middle

and junior high students go. They also think it would be difficult to get teens to sign up for classes, because they generally do not have the time, interest or motivation for structured activities.

Parents of Elementary School Students

Parents expressed an interest in more and better quality activities for children and families in Sunnyvale. They claim they often attend parenting classes and other family activities outside Sunnyvale, where they are cheaper and of higher quality. However, the main barrier to participating in family activities is the demanding work schedule that most parents have. They have limited amounts of time to spend with their children and little or no time to research recreational activities. The parents also expressed dismay about the lack of affordable quality child care in Sunnyvale and the long wait lists. Many parents do not feel comfortable placing their children in family child care homes as they do not consider them safe. The parents are also concerned about the quality of education in Sunnyvale, which has made some consider moving elsewhere. They claimed they have a difficult time finding out about activities for children and families in Sunnyvale and would find it ideal to research and sign up for classes through the City's website, which they could do from work or home. They would also like to receive more information targeted toward families in the mail or via e-mail. The parents would prefer the City to improve the existing Community Center, rather than establish a new resource center.

Parents of Middle and High School Students

While parents feel there are sufficient activities for children and parents in Sunnyvale, they also discussed a number of barriers to participation. Activities are scheduled at hours that conflict with work schedules, making it difficult to transport children to and from activities. Parents with younger children, single parents and those with several children find it especially difficult to transport their children to activities. They would like there to be more activities for families with children of multiple ages, and would also like evening classes that working parents could take with children. The parents get information about existing programs and services from packets sent home from school, the Parks and Recreation Activity Guide, the newspaper, and the City's website. The parents agreed that the best way to disseminate information about activities is to send it home with children from school. However, parents feel that the City should coordinate more with the various school districts, because each district disseminates different information. They would prefer a single source for information on family activities, such as a website or family activities e-mail list. They would also like to be able to register for classes via the Internet. If Sunnyvale established a new resource center, they thought it would be nice if it offered affordable counseling and tutoring, anger management classes, job and computer training classes, and athletic courts and fields where youth have priority use over adults. The parents thought it would be good if the center were located near the library or at the mall.

Parents of Disabled Children

Parents of disabled children report that their children utilize a small number of social groups and recreational programs in Sunnyvale, the majority of which are operated by the City's Therapeutic Recreation Program. Their children also participate in a number of programs outside of Sunnyvale. Overall, parents were appreciative of the programs Sunnyvale offers. However, some felt that Sunnyvale's programs for children with disabilities were somewhat limited. Parents indicated a need for respite care and after school programs for elementary school children with disabilities. They agreed that the main barriers to accessing existing services were lack of transportation and hours that were inconvenient to their work schedules. These parents have a hard time finding out about services for disabled children and aren't quite sure where to locate this information. This can be particularly difficult for new Sunnyvale residents and immigrants.

Parents were intrigued by the idea of a new resource center and had several suggestions for services geared to their needs. They thought it would be ideal if this center had a program where they could pay to drop off their children for a few hours. They would like it to have a safe, enclosed area for their children to play and staff trained in handling children with disabilities. They would like their children to participate in integrated play groups, after school programs, computer classes, and one on one activities. Parents felt they would access this center no matter where in Sunnyvale it was located.

Homeless Persons

Homeless persons expressed a very high level of need for programs and services, since they receive very little assistance from programs within Sunnyvale. The participants appreciated Sunnyvale's limited shelter services, but had some recommendations for improvement. They would like the shelter to be open hours that do not conflict with their work schedules, to offer child care so mothers can concentrate on getting jobs, and to enforce rules and regulations regarding drug and alcohol use. In addition, participants would like the shelter to have a pay phone, hot showers, mirrors in the bathrooms, and sanitary napkins for women. Homeless persons agreed that their biggest need was for affordable housing or a permanent free shelter in Sunnyvale. Participants without jobs noted that there is a great need for employment services, health care, support groups, legal assistance and a place to store their belongings during the day while looking for jobs.

The participants would like to see Sunnyvale establish a new resource center that included services for homeless people. They thought it would be helpful if the center had case managers who could make referrals and talk to people about their problems and needs. The participants would like it if the center had employment services and a place for them to collect mail. The only criteria for location of a new center the group agreed upon was that it be accessible by public transportation.

Spanish-speaking Clients of Sunnyvale Community Services

The participants in this group reported a high level of unmet need in the areas of employment services, child care, health care, and after school programs for their children. They also discussed significant barriers to accessing needed services, including language barriers, lack of required documentation, and cost of services.

If a new resource center was established, participants would like it to have a health clinic for adults and children, a gymnasium, parenting classes, and social workers. They agreed that these services would have to be available in Spanish if they were to use them. The participants agreed that the best way to publicize the new center's services was by advertising them on commercials during "telenovelas" or a Spanish language Activity Guide, posting flyers in the community, and having an informational kiosk in the mall.

English-speaking Clients of Sunnyvale Community Services

The participants in this group reported a high level of need for health care and child care services. They find that they are unable to accessing services in these and other areas because of ineligibility.

The participants in this group had a positive reaction to the possible establishment of a new resource center. They thought it would be ideal if the center had free or low cost health and child care services and a good referral system. The participants had several suggestions for publicizing available services, including advertising on television, posting flyers, having a toll free information service, and giving Sunnyvale Community Services clients informational packets.

Findings from Focus Groups with CNC Clients

Key findings from focus groups with Sunnyvale residents include the following:

After School Program Participants

The seventh and eighth grade students who participated in this group were very satisfied with the services they have received at the CNC. They enjoy going to the classes the Center offers, participating in sports activities such as skateboarding and basketball, getting help with their homework, and receiving snacks. They are also very satisfied with the health services they receive. Students would prefer it if the after school program had three periods of one hour each, including the Homework Center and two additional recreational activities. They had many ideas for additional sports activities the Center could offer, including hockey, rock climbing, air hockey, biking, roller-blading, skateboarding, swimming and karate. They said they would like to see more and different classes offered, such as art and cooking classes, and more frequent field trips.

Adult Users of Health Services

Parents participating in this group primarily use the pediatric health services at the CNC. They are very satisfied with the services they receive and the fact that the Center has Spanish-speaking staff. When asked if they had suggestions for improving health services, the participants said they would like the Center to expand its health services to include more services for adults. The parents would also like the Center to be open more hours in the evenings and on weekends. Participants said they would like it if the Center hired more Spanish-speaking health staff so they didn't have to wait a long time to see a Spanish-speaking doctor. They would also like to be able to see the doctor of their choice. Some participants expressed confusion with the Center's billing system and would like someone to explain how the system works to them. The majority of parents in this group indicated that neither they nor their children had participated in any of the Center's services outside of pediatrics. Most were not aware that the Center offered parenting classes, housing assistance, legal and immigration services, citizenship classes, mental health counseling, the open gym or other activities. They expressed interest in having their children participate in after school programs and other activities at the Center in the future. They would also like it if the Center provided child care.

Most participants found out about the center via referrals from schools, word of mouth, or information mailed to their homes. Many agreed that they had passed the CNC by many times before realizing what it was, and that it was open to all community members. The group agreed that the best way for the Center to publicize its services to the community is by mailing flyers to people's homes, holding orientation sessions for community members, and placing advertisements on television and radio stations. They emphasized that this publicity should be in Spanish.

Household Survey Findings

The principal areas of need identified by the household survey are increased programs for children after school, on weekends and during school breaks and vacations, increased access to quality, affordable child care and increased access to health coverage for uninsured individuals. The survey respondents reported high perception of safety for children, a low level of difficulty accessing needed services and a high level of perceived access to information about needed programs and services. Most households report personal computers in the home. (See the main report for an explanation of how the city was divided into six separate regions or "zones" for purposes of analyzing the household survey data, and Appendix E for a map depicting the zones referred to in this report.) Highlights of the household survey include the following:

- Fifty-nine percent of respondents with children report that there are not enough programs for children after school, on weekends or during vacations. Of those, most (42%) feel there are not enough programs and activities for children on weekends, while 30% report there are not enough programs during school breaks and vacations and 28% would like to see more programs for children during non-school hours during the week.

- Twenty-four percent of respondents with children reported difficulties getting quality, affordable child care during the past year. Of those reporting difficulty obtaining child care, over half (52%) indicated that cost is a barrier while 37% report lack of quality child care in the area as a barrier.

- A small number of respondents (6%) reported difficulties obtaining services they or their family needed in Sunnyvale.

- The majority (75%) of respondents get information about services in Sunnyvale from traditional media, such as newspapers, newsletters, brochures, TV and radio, followed by word of mouth (26%) and the Internet (21%).

- Overall, 7% of respondents believe children in their neighborhood are "very much" affected by drugs, alcohol and gangs, 11% feel they are "somewhat" affected, 26% think they are "a little" affected, while 47% of respondents believe children in their neighborhood are "not at all" affected by those issues. However, residents in zone 2 report the highest concern about those issues; 33% feel that children in their neighborhood are "very much" or "somewhat" affected by drugs, alcohol or gangs.

- Sixty-seven percent of respondents report that all household members have some type of health insurance coverage, while 29% report that some, but not all members of their household have health insurance. Only 4% of respondents report that no one in their household has any type of health insurance coverage.

- Between 90% and 100% of all households with children in all zones report computer ownership, except for residents of zone 2, where 78% of families with children report computer ownership and 70% of homes have Internet access.

- The survey respondents have been at their current residence for an average of 13 years. Zone 2 has the highest proportion (27.6%) of respondents who have been at their current residence for under two years, while zone 4 has the lowest proportion (10.5%).

- The highest percentage of respondents (23.9%) report yearly household incomes of $100,000 or over. Zone 4 has the largest proportion (42.4%) of respondents with household incomes of over $100,000. Zone 2 reports the highest percentage of respondents with household incomes under $25,000 (19.1%).

Secondary Indicator Data Findings

According to secondary data indicators, there are over 26,000 children under the age of 18 in Sunnyvale, representing one-fifth of the city's total population. Approximately one-fifth of households with children are headed by single-parents, predominantly women. There are large discrepancies in the number of child care slots in Sunnyvale, with almost twice as many slots for preschool age children in the 94087 zip code as in the 94086 zip. Child care affordability is also

significantly higher in the 94087 zip code, where median household income is nearly $18,000 higher than in the 94086 zip code. Key secondary data indicators include the following:

- Sunnyvale's estimated population was 126,232 in 1999, representing an 11% increase from 1990.

- The median age of all Sunnyvale residents is approximately 40 years, ranging from a median age of 36 in zip 94086 to 43 years in zip 94089.

- There are over 26,000 children under the age of 18 in Sunnyvale, representing approximately 21% of the total population. Over 50% of Sunnyvale's children reside in zip code 94086.

- Slightly over one third of households in Sunnyvale (34%) include children under the age of 18. The majority of households with children consist of two parents (81%), while approximately one-fifth are single-parent households. The percentage of single-parent households is highest in zip 94086 (24%), followed by 94087 (15%) and 94089 (12%).

- Sunnyvale's population is becoming increasingly ethnically diverse. The 1999 population was 56% white, 24% Asian/Pacific Islander, 17% Latino and 3% African American. The highest concentrations of non-white populations are found in zip codes 94089 (53%) and 94086 (50%), while zip code 94087 is approximately 66% white.

- Approximately half of Sunnyvale's 47,357 housing units were owner-occupied in 1990, while half were rentals (most recent data available from the 1990 U.S. Census). Rates of home ownership vary widely; 35% of housing units are owner-occupied in zip code 94086, which increases to 59% in zip 94087 and 74% in zip code 94089.

- Median 1999 household income ranged from $59,205-$84,835 per year. Income was highest in zip 94087 ($84,835), followed by 94086 ($67,087) and 94089 ($59,205).

- There are 47 licensed child care centers and 121 family child care homes in the City of Sunnyvale, with a capacity for 4,959 children between the ages of 0-14, or one in five children in that age range. Zip code 94086 has the lowest child care capacity per 100 children, with 22.6 licensed child care center slots per 100 children ages 0-5. Zip code 94087 has almost twice the child care capacity, with 40.7 licensed day care slots per 100 children in the 0-5 age range.

- Key indicators of health include the following:
  - An estimated 10.3% of women who gave birth in Sunnyvale did not receive prenatal care during the first trimester of pregnancy; a slightly higher percentage of women in the 94086 zip code (11%) did not receive early prenatal care than other areas;

- An estimated 5.7% of infants were born with low birth weight in 1997; the highest percentage of low birth weight infants was in zip 94089 (7%), followed by 94086 and 94087 (5.5% each);
- A total of 92 teenage women gave birth in 1997, accounting for 4.6% of all births in Sunnyvale that year. Zip code 94089 accounts for the highest percentage of births to teen mothers (6.6% of all births), while the majority (62%) of all births to teen mothers was in zip code 94086;
- Sunnyvale had the second highest rate of domestic violence calls to 911 per 100,000 residents (49.01) in Santa Clara County 1998, after Campbell.

- Key educational indicators include the following:
  - Nearly two-fifths (38%) of Sunnyvale residents over the age of 25 have a college or graduate degree, while 12.6% do not have a high school degree. The percentage of residents with a high school degree or less is highest in zip 94089 (50%), followed by 94086 (32%) and 94087 (23%).
  - Five of 19 Sunnyvale schools had California Department of Education Academic Performance Index (API) scores of over 800: West Valley Elementary (903), Stocklmeir Elementary (857), Cupertino Middle (840), Cumberland Elementary (837) and Cherry Chase Elementary (822). The lowest scoring schools are Fremont High School (627), Lakewood Elementary (662) and Columbia Middle School (673).
  - High school dropout rates for 1997-98 are significantly higher at Fremont High (1.2%) than Homestead High (0.1%). Dropout rates at both schools are however considerably lower than Santa Clara County as a whole (3.1%).
  - For the 1997-1998 school year, over 28% of children enrolled in Sunnyvale Elementary School District public schools were considered Limited English Proficient (LEP). Schools with the highest percentage of LEP students are Homestead High (55%), Lakewood Elementary (44%) and Vargas Elementary (39%).
  - The Sunnyvale Elementary School District has the lowest cost of crime to the school district ($0.33 per student), followed by the Santa Clara Unified School District ($0.42), Fremont Union ($2.10) and Cupertino Union ($4.43). Those rates are significantly lower than for Santa Clara County as a whole ($6.93).

- Sunnyvale has a crime rate of 661 per 100,000 residents, which is half that of Santa Clara County as a whole and one of the lowest in the County.

INTRODUCTION

This report presents findings from an comprehensive study of: the feasibility of replicating the Columbia Neighborhood Center (CNC) model elsewhere in the City of Sunnyvale; the priority needs of Sunnyvale residents and gaps in the provision of programs and services; and Sunnyvale residents' access to information about programs and services.

Methodology

The assessment utilized a mix of quantitative and qualitative research methodologies in order to obtain the desired information, as follows:

- Structured, in-depth interviews were conducted with over forty individuals who are familiar with the Columbia Neighborhood Center, in order to gauge their perceptions of the feasibility of replicating this model, lessons learned and the need for a similar center elsewhere in Sunnyvale;

- A telephone survey was conducted with a random sample of 502 Sunnyvale households. The purpose of the survey was to assess Sunnyvale resident perceptions of and satisfaction with the CNC, identify priority needs and gaps in services, and find out how residents access information about needed programs and services;

- A series of secondary data indicators were analyzed in order to obtain an overview of key indicators of health and well-being of Sunnyvale residents, and to assess differences in those indicators based on geographic region within Sunnyvale;

- Focus groups were conducted with a cross-section of Sunnyvale residents in order to obtain community feedback regarding a number of issues, including resident perceptions of a new resource center, priority needs and gaps in the provision of services, and how residents access information about programs and services. Focus groups were conducted with homeless individuals, parents of disabled children, Spanish-speaking clients of Sunnyvale Community Services and English-speaking clients of Sunnyvale Community Services. In addition, focus groups were conducted with at-risk middle school students, high school students, parents of elementary school children and parents of middle and high school children. Since those findings are relevant to this study, they have been included in this report as well;

- Two additional focus groups were conducted, with middle school students participating in the CNC after school program and Spanish-speaking parents who use the clinic located on-site at the CNC. The purpose of those focus groups was to assess customer satisfaction and obtain recommendations for improving the services offered at the CNC.

- An inventory of community based assets was compiled, in order to identify the existence of programs and services located within the City of Sunnyvale. Assets inventoried include recreation, education, health, social services, youth programming, child care, neighborhood associations and places of worship. In addition to the inventory, the assets were plotted on a series of maps in order to depict the location and spatial distribution of resources within Sunnyvale.

- In addition to the asset maps, key indicators of health and well-being from secondary data sources and the household survey were mapped according to zip code, in order to depict discrepancies in those indicators by geographic region.

Key Findings

The following is a summary of key findings regarding the research's principal objectives: the replicability of the CNC model elsewhere in Sunnyvale, priority needs of Sunnyvale residents and how Sunnyvale residents obtain information about needed programs and services.

Replicability of the CNC Model

The research indicates that the Columbia Neighborhood Center has been very successful in providing services to children and adult residents of Sunnyvale. Focus groups and household survey findings reveal a very high level of customer satisfaction; overall, 93% of survey respondents that have used the CNC (n=27) claim they are "very" (83%) or "somewhat" (10%) satisfied with the services received. Middle school students participating in CNC programs like the quality of the programs, feel the staff are friendly and appreciate the individualized attention they receive at the clinic. Despite their age, they are aware and appreciate of how affordable programs at the CNC are. Parents using the clinic feel the services are of high quality, find the staff knowledgeable and friendly and appreciate the fact that many of the staff speak Spanish. They also appreciate the information and referrals they have received from the case worker.

Key informants who are familiar with the CNC feel this model has overall been very successful. Aspects of the model that have contributed to its success are the co-location of services on one site, the collaborative provision of services through a variety of agencies, and the location of the CNC on a school site. They also feel that the CNC represents the diversity of the community it serves in terms of its Hispanic population, but feel there should be more outreach to Asian members of the surrounding community.

Nonetheless, the key informants cited several lessons learned from the CNC that should be considered in light of the possibility of replicating this model. Virtually all key informants felt the co-location of services on the same site is a positive aspect of the model, in terms of providing clients with easier access to programs and services. Most key informants also felt that locating the CNC on a school site has been positive, since the site is familiar and accessible for most students and parents and offers a wide range of academic and recreational resources and facilities that can be used during non-school hours. The key informants cited several drawbacks

of co-locating on a school site, particularly the need for a shared vision and close collaboration with school leadership which may at times prove difficult; the fact that many residents are not aware that the services offered by the CNC are for all Sunnyvale residents and not only Columbia Middle School students and parents; and the fact that many residents do not realize the CNC is a year-round facility and is open during school breaks and vacation.

The principal lesson learned from the CNC experience to-date is with respect to the collaborative provision of services. The majority of key informants agreed that the collaborative provision of services is of great benefit for clients, since it affords the provision of coordinated, "wrap-around" services that address a range of issues facing individuals and families in an integrated fashion. This approach has also represented significant cost savings for the CNC. However, many key informants cited the challenges of successful collaboration, in terms of issues such as integrating agencies with distinct missions and organizational cultures into a program with a unified vision, the time required for effectively managing collaborative ventures, and the degree to which staffing and funding changes in any particular agency can affect the entire collaborative. Despite these challenges, most key informants felt that a new center should be run using a similar collaborative approach, with an understanding of the time and resources required to run a successful collaboration.

It is apparent that the CNC model has been very successful and has a high potential for replicability. However, it is less clear whether a new resource center is in fact the best strategy for meeting the needs of Sunnyvale residents. A number of factors should be considered in that regard:

- The household survey and the secondary data analysis indicate that the area in which the CNC is located is by far the area of greatest need in Sunnyvale. It is subsequently questionable whether resources should be directed toward other parts of the city, while there is still such a high level of need in that area;

- The research findings indicate that the principal gaps in the provision of services are: (a) increased access to affordable and quality child care for working parents; (b) increased programs for school-age children during weekends, vacations and after school; and (c) increased access to health care for uninsured populations. If a new resource center could provide those services, it would contribute significantly to reducing the gaps in the provision of services in Sunnyvale. However, it is not clear whether a new center is the best way to address those issues. Some pros and cons of establishing a new resource center are the following:

  - While a new resource center could provide child care, that may be better addressed through other mechanisms, including promoting the establishment of additional child care facilities and mechanisms for making those services more affordable for working families;
  - There is clearly a need for more children's programming. While a new center could offer that, that could also be addressed at a more local level, by expanding the after school programming that is currently offered at the elementary and

middle schools, which are familiar and easily accessible for most students. Increased after school programming could also be offered by expanding programs at the Sunnyvale Community Center and making those programs more affordable for lower-income families. The Sunnyvale Community Center is familiar to and easily accessible for most residents, particularly those in the southern part of the city, and, according to several key informants, is somewhat underutilized;

- Increased access to health care for uninsured residents is a serious concern, particularly in two parts of Sunnyvale – the CNC catchment area and the area west of Mary Avenue and downtown, where many low-income and immigrant families reside. The latter is also the area in which household survey respondents cited the greatest need for children's programming. Given the specialized nature of health care, further study is required to determine whether health services could be provided by a new community center, by utilizing existing facilities such as Sunnyvale Community Services, by the construction of a new clinic, or by expanding services at sites such as the Fair Oaks Clinic.

Should the City of Sunnyvale decide to establish a new resource center, the research findings indicate that the population in greatest need of services (after the CNC catchment area) is located in the area west of downtown. In that sense, the best option for establishing a new center may be the Sunnyvale Middle School campus, which is located in the area of greatest need and has the facilities to house a new center. Another site that should be considered is the complex located near Washington Park, given its proximity to the population most in need, the fact that Sunnyvale Community Services is located there, and the fact that the Adair School, which serves at-risk middle school youth, is located there. However, that complex may not have the appropriate facilities for a new community center. A third option to consider is the Sunnyvale Community Center, which is relatively accessible for most residents living on the south side of Sunnyvale and also houses many facilities which could be used for providing additional services.

Conversely, it may be more feasible to provide services at different sites. For example, after-school programming could be expanded at the Sunnyvale Middle School, while health services are located at the complex housing Sunnyvale Community Services.

Priority Needs of Sunnyvale Residents

This research reveals a healthy and vibrant community, with an educated and affluent populace. Nonetheless, the research also reveals a number of unmet and pressing needs among children and families in Sunnyvale. While those needs are found among residents throughout the entire city, they are more prevalent in some communities than others. The principal areas of need identified by the needs assessment are increased access to quality and affordable child care, increased access to children's programming after school, on weekends and during school breaks and vacations, and increased access to health care for low-income residents. The areas of greatest need are the current CNC catchment area and the area located to the west of downtown.

The Kodiak Court area (bounded by Mary Avenue, Fremont Avenue, Homestead Avenue, and Sunnyvale-Saratoga Avenue) also shows high need, particularly with respect to after-school programming and access to health care.

Access to Information About Programs and Services

The City of Sunnyvale makes numerous efforts to provide community members with access to complete information about the range of programs and services available to them, through a range of media including the quarterly newsletter, activity guides, a website, flyers, information sent home from schools and other means. However, it is not clear whether residents have sufficient access to that information. On one hand, 84% of household survey respondents feel they have sufficient information about programs and services (with little variation with respect to geographic location or demographic characteristics). The majority (75%) of respondents get that information from traditional media, such as newspapers, newsletters, brochures, TV and radio, followed by word of mouth (26%) and the Internet (21%). There are a number of differences between groups with respect to accessing information, based on a range of factors including place of residence, income, and race/ethnicity.

Despite the above, key informant interviewees cite the lack of access to information as a barrier to accessing needed services, and focus group participants, such as parents and non-English speaking residents discussed this as an issue of concern. Some individuals believe the City is already doing all it can to advertise services, and that the problem is the fact that people are too busy to review the information they receive from the City. Others feel the City should do translate more materials into other languages, target information for specific groups, such as immigrants and teens, produce informational materials that are more visually appealing, for example, using more color and graphics and less words.

Detailed information about the key issues studied in this assessment is presented in the following sections.

KEY INFORMANT INTERVIEW FINDINGS

This section presents a summary of findings from 42 in-depth key informant interviews with representatives from the City of Sunnyvale, the Sunnyvale School District, the Fremont Union High School District, the County of Santa Clara, nonprofits, and private sector companies (see Appendix C for a list of the individuals interviewed). Each interview lasted approximately one hour and covered the following topics:

- Key informants' perceptions regarding the establishment of a new resource center;
- Lessons learned from the CNC with respect to implementing a new resource center;
- Recommendations regarding the location of a new center;
- The CNC's impact on the community and recommendations for improvement;
- Recommendations for improving Sunnyvale residents' access to information about available services.

Perceptions of a New Resource Center

The majority of key informants believe that the establishment of another resource center in Sunnyvale would be beneficial for community residents. That is largely based on their perception of the benefits CNC has brought to the neighborhood it serves. One individual stated, "It has been successful there and it would be nice to see it replicated elsewhere." Informants also believe that a new center would be beneficial for Sunnyvale because the model that the CNC is based on is a sound one. As one informant explained,

> *I'm a strong proponent of CNC and the model and I'd love to see it replicated. It will take several years. It takes a lot of planning, organization and work. The way CNC has grown has been exciting. People are pretty enthusiastic about the model and people are trying to imitate it. You hear about it going on a lot in other places.*

Another individual observed, "I'm sure there would be [a need for a new center] because the one-stop model is a great model."

These key informants also believe that a new center would be beneficial for all Sunnyvale residents. As one informant explained, "Everyone, regardless of need, can benefit from the kinds of on-site services the CNC offers." Another informant expressed a similar idea: "I think that there is a need in every community. In my experience, people will travel for services within a 6 mile radius. So I think that there is a need for something like this within every 6 mile radius, regardless of socioeconomics."

However, not all key informants are convinced of the need for a new center, or that the benefits of doing so will outweigh the costs. As one individual observed, "How can you say no

to the question, 'Should we do more?' Of course, people will say yes, but you need to know what it is you're trying to accomplish and make sure that it makes sense."

Many of these key informants believe that other areas of Sunnyvale need services, but not to the same degree as the Columbia Middle School area. As one key informant explained, "The purpose of CNC was to provide services to an under-served population – the middle school children and their parents. I'm not aware of another area in Sunnyvale with another population of people needing services who have barriers to getting them." Another informant agreed, noting "The data from the schools – the school reduced lunch data, suspension data, absentee data, anything like that coming from the schools – supports [having services] on [the North] part of town." Another key informant added that,

> *I can not think of an area that would benefit [from a new center] as much as the Columbia area. It has a very specific population in that area. Other areas don't have quite as big a concentration of certain types of populations with the same kinds of needs. At Columbia, you have ESL, immigration classes and health services. I don't know that another neighborhood would have the need or want to use those services.*

Another informant pointed out that although there are individuals needing services elsewhere in Sunnyvale, they make up a relatively small portion of the communities in which they live. He explained,

> *There are certainly students with needs in other sectors of our community but they are in more affluent areas. . . At Sunnyvale Middle, we have a needy population but it's a smaller percentage of the total enrollment. Nevertheless, there are kids with significant needs there . . .but probably not to the same extent and not for the same services [as the Columbia Middle School area].*

When asked about need for another center, some key informants responded that the City of Sunnyvale should focus on the CNC before investing resources in another center. One individual explained,

> *I feel like it's a mistake for this city to invest more resources in starting something new when [the CNC] model still needs to be refined. My personal bias is that we should give this project a year or two, really refine it and do it well, and then expand somewhere else. . .Really, this is the part of the community that is in highest need, so why not address those needs?*

Another individual agreed, noting that "We're still feeling our way through [the CNC]. . . I'm nervous about [creating another resource center] because I don't know if we've figured this one out yet. We have a lot of maturation to do."

Some key informants suggested that existing needs could be addressed without establishing a new resource center, for example by providing mobile services. As one key informant explained,

> *There are pockets of areas in Sunnyvale that are needy. There are even some communities on the south side of town that are needier than [the northern] part. But, they're small pockets. We're not talking about thousands of people. We're talking about maybe a thousand people in a small area. With that in mind, I think rather than doing another facility like [the CNC], maybe we should have mobile services that would target those pocket areas.*

Some key informants also expressed concern about the success of a new center if it is top-down, rather than responding to community need. One individual warned, "You can't plop [this model] down in a community. The community has to be saying, 'We need something,' for the model to work. . . . .The City can't impose this."

Another individual worried that a new center would be under-utilized in wealthier neighborhoods with small pockets of need, stating that,

> *Something like this might go unused in a wealthier neighborhood where the center would have to compete with things like the mall and movies. The chance that parents would get involved is questionable because, in wealthier neighborhoods, they tend to think everything is okay.*

Lessons Learned with Respect to Implementing a New Resource Center

The key informants were asked for their input and recommendations regarding a new center, based on their experiences and lessons learned from implementing the CNC. Most key informants believe that the key ingredients of the CNC model have been very successful, and that a new center should be based on those aspects, which are (1) the co-location of services on the same site; (2) a collaborative approach to service delivery; and (3) location of the center on a school site. However, based on the lessons learned from the CNC, the key informants offered several suggestions for improving on the existing model.

Co-location of Services

Virtually all key informants interviewed would recommend the co-location of services as a model for a new center. For most, the reasoning is simple. As one stated, "Of course that's a good model. Any time you can go one place and get everything you need, it's a good idea."

Many key informants believe that the primary benefit of the co-location model is **improved accessibility** of services for clients. One informant explained, "It serves our community well. Our community tends to be disconnected because of poverty, work schedules

and language barriers, and this model, [which has the services] all in one place, helps them to access relevant services." Key informants noted that co-located services are particularly accessible to community residents who cannot drive to services, noting that "Having services in one place makes it convenient and accessible to people in this community who can't drive." Another informant observed that this model is beneficial because Sunnyvale residents do not have time to find out about available services and go from place to place to access them. She commented, "Even wealthier kids and families need this kind of support because most families don't have the time to run around and find services." Finally, another key informant believes that this model improves accessibility because people have a higher level of comfort with accessing programs and activities at a site that is familiar and close to their home. She explained, "Having all the services at one site develops the recognition that it is a site where people can go to get all their needs met. From my experience, people prefer to do things in their own neighborhood. . . . People are more willing to take classes and try something new because they are close to home."

Other key informants emphasized that co-locating services helps **build community identity**. One explained, "It is a great family support and good builder of community. I believe we have so many social problems because we have lost the sense of community, and this model is a good way of recreating it in the neighborhoods." Another agreed, stating, "Having a center brings the community in one place and the whole idea is to build a community. . . . In places like San Francisco, commercial districts often become centers for people congregate and meet each other. Here in the suburbs, we need to use a center to build community." Another individual commented on the City's role in this process, observing that,

> *I think co-locating is a healthy model. I think it's a positive model. It shows a sincere interest in benefitting the community when the powers that be are interested in the welfare of their constituents. I think that's really important. It's almost like we're forming a family. It's like saying, 'The community is important and we're going to provide support for them.' That's the big picture of providing a lot of services in one place.*

Additional benefits of co-locating services mentioned by the key informants include the following:

- It **maximizes existing resources** by decreasing service fragmentation;
- It is conducive to conducting **crime prevention** activities;
- It is **helpful for new immigrants** who need services but don't know how to access them;
- It is **easy to market services** to potential clients;
- It reaches people who **"fall through the cracks**."

Collaborative Approach to Service Delivery

Most key informants believe that partnering with a variety of service providers is the best model for delivering services to youth and families. In contrast to the co-location of services, however, the pros and cons of collaborative service delivery are considerably more complex.

The key informants cited several benefits of the collaborative approach to service delivery. Several believe that this model is key to providing accessible and coordinated services. One individual observed, "You are utilizing all the resources in the community with one goal in mind. More agencies working together works better." Another agreed, stating "Ultimately, it's a better way of doing business, because it stretches the dollars and provides non-disjointed services, and it's bound to provide better outcomes because the services complement each other."

Collaborating also maximizes resources by bringing individuals and groups with different skills and experience together. One key informant explained, "By bringing other people in, they offer a lot of diversity from their experiences, and different expertise in terms of program areas." A provider from a social service agency agreed, stating,

> *It's been very successful, because you get different perspectives, different professionals with different backgrounds, and different agencies. We really complement each other. The relationship serves different needs for different individuals. If I have a medical question, the nurses are available and I can ask them something. I have been asked questions about counseling [from other providers]. We complement and help each other and help the community because there are so many people with different backgrounds.*

Similarly, a key informant who works for the City of Sunnyvale, observed that,

> *As a result of this project, we have the Chief of Police and the Chief of Fire Safety meeting with the Deputy Superintendent of Schools and the Director of Parks and Rec. In our normal course of business, these people would not meet for a common purpose for any other reason except this partnership. We'd probably never be in the same room at the same time and certainly not to discuss issues around youth. There's a lot of different expertise and perspectives that come together for a common purpose to help the community.*

The key informants also believe that collaboration is a good approach to service delivery because it looks at "whole families and whole people." An additional benefit is the fact that "grant money is more available to those people who have partnerships."

However, many key informants emphasized that it is challenging to make collaboration work well. Relationships between partners can be difficult to build and maintain, and some key informants feel that the CNC has been adversely affected by "a lack of cooperation between the collaborators." One informant commented, "The challenge is that, when you have that many people involved, you do have a lot of opinions and it's hard to bring people in 'sync' with each other." Similarly, another individual remarked, "Getting people to leave their own agency agendas at the door is challenging. They all have their own way of providing their own services and when they come to the CNC, they have to adapt to the Center's approach and style," which can be difficult for some.

Budget is clearly an issue, and some key informants expressed concerns about whether adequate resources would be invested in a new center, particularly since collaborative relationships can be very expensive to maintain. As one individual commented, "There's a need to provide a variety of services and it's easy to come to the City and ask us to provide these things, but we're limited by budget and manpower as to what we can do." Another individual discussed problems stemming from re-allocated funds (referring to the City's budget structure), as opposed to additional funding for the CNC, explaining that, "The notion with CNC was to maintain existing service levels and redistribute them. We got facility money, but there was no new operations money. That's causing problems, because the community is expecting more and we can't meet their demands. We don't have any extra money, just re-allocated money."

Key informants who are direct service providers emphasized the need for regular communication among providers in order for collaboration to be successful. As one provider explained, "I think that the model is extremely successful, but the communication among the professionals could be improved. The collaborative approach makes it more difficult for service providers, because more communication is required in order to provide services."

A lack of communication among collaborators can have negative impacts on clients. As one provider explained,

> *We really needed to have closer coordination with both the teachers and the administration. We weren't always in close contact with them, and that would have really helped. For example, if one of the kids we were seeing regularly got expelled from school, we wouldn't necessarily know about it. [Improved communication] would have helped improve services for that kid.*

Better communication between providers would also improve referrals. One provider stated, "It is difficult to know what services are available and how to refer to them, and whether to follow up. This whole system needs to be tighter."

One provider acknowledged the need for regular meetings among providers, but acknowledged how difficult it can be for providers to fit meetings into their schedules, noting that,

> *Our schedules are too hectic. Counselors cannot bill for hours brainstorming together about families. It all depends on money and time, and what you're getting paid for. I couldn't go to meetings very frequently, because I was losing billable hours, losing money.*

Recommendations Regarding Collaboration

The key informants offered several recommendations for improving coordination of the collaborative delivery of services. They emphasized that the partners must share common goals

and have a common vision. Partners should also be "willing to subjugate personal goals to the common goals." One key informant commented,

> *We need to see the collaboration as work between equally important services. There are many reasons why things fail and only one reason why things work. This one reason is that all people are committed to make it work. All other problems can be resolved if the commitment is there – monies and resources, scheduling etc.*

Another individual commented that it is important to make sure that everyone is committed to making a center work. She stated, "Buy-in from all participants is crucial – whether at an existing or a new facility – to its success. Having people who are all committed to the concept of providing a neighborhood center is very important."

In particular, key informants believe that it is necessary to "make sure that the school district's priorities are the same as the city's." One individual remarked, "Some people are paid and evaluated by the city and some people are paid and evaluated by the district. The district has different goals than the city." Another thought that this relationship should be clearer and "depend more on identified areas of responsibility and job descriptions, rather than personality and attitude of lead personnel." Getting buy-in from school principals is also crucial. One informant observed, "We should make sure that the Principal, not just the Superintendent, is in on it. . . Schools have many little kingdoms. If the principal thinks it's their kingdom and they don't want it, forget it." Another informant agreed, adding,

> *If we're going to do any other site at a school, you have to have total buy-in from administration. Just because one administrator leaves that was here before doesn't meant the next one can't have the same buy-in. It has to trickle down. It has to be an institutionalized process. It's not a legitimate excuse to say, "Well, the leadership changed, and that's why [something didn't work]." We all have to take ownership and really bring people up to speed.*

The key informants made several suggestions for improving communication among service providers. Providers emphasized that they should receive referral and service information regularly. One informant suggested that a provider newsletter would be an appropriate vehicle for this information. She commented, "A newsletter to providers only would also be helpful – Some kind of newsletter which updated providers on new providers and new services being offered. Contact and referral instructions would be helpful." Since getting a large number of providers together at a meeting can be difficult, one informant suggested that providers should be divided into team areas, which could meet separately.

In addition, several individuals commented on the need for more administrative staff to coordinate and manage the relationships between collaborative partners. As one individual stated, "One manager and an administrative assistant is not enough to do all this coordination. It is difficult to maintain relationships with so many agencies."

Locating the Center on a School Site

Most key informants agreed it would be good to locate a new center on or near a school site. However, they also discussed a number of limitations to this arrangement, and provided recommendations regarding future co-location of a center on a school site.

The key informants believe that the main benefit of locating a center on a school site is accessibility to clients. As one informant explained, "The strength of it being at a school is that it's at a central location where people naturally are. The kids are here. The parents are dropping off the kids. It's a very natural place for them to come and get services. They don't have to go out of the way because they're already there." In addition, many key informants believe that a middle school is a particularly good site for a center, because, "This age group has such crisis-oriented needs that locating services on-site where they are is effective for them and their families." Locating a center at a school also makes it easy to follow through on services with the students' family members, since "Parents can be assisted at the same time as students." Key informants further believe that children and families feel safe getting services at a familiar site and the facilities in place at a school are conducive to service provision. As one informant explained, "Certainly, the positives are that people know where it's at, they're used to going there, and there are lots of rooms and parking."

However, informants also discussed several drawbacks to locating a center at a school site. Some made reference to challenges stemming from changes in leadership at Columbia Middle School. As one informant explained, "CNC is a fairly new project, but we've had four principals [note: actually three] throughout this time. Every time you get a new principal, they have a new style. . . They need to have strong stable leadership there." A staff person from a nonprofit that collaborates with the CNC described the effect leadership changes have on service implementation momentum. She noted, "It's working out well [now], but a lot of things we were planning had to come to a halt, because we had to build a relationship with the new principal first." One key informant discussed how the personality of each principal affects collaborative endeavors,

> One of the things I've observed over the past five years is the degree to which the personality of the school principal affected the amount of time we spend on something and whether or not we have success in it. Each school has their own personality and there's a constant evolution in leadership that affects how we work and how we work together. With some principals, it's been easier and with some, it's more difficult. It also depends on the demands being made upon the principal. We've been through a number of principals and that's a pretty integral part of the mix that has changed pretty frequently. It's been pretty challenging.

Another challenge with co-locating on a school site has to do with "turf" issues that can arise, particularly on the part of schools where a center may be located. As one individual explained, "Everyone has their own set of rules. It's hard to give up a little bit of control in order

to cooperate with someone else. It has to really be worked on and evolve over time." Another individual agreed, stating that,

> *The cons are that you've got a city-run organization and a school-run organization. How do you get the schools working with other services without them feeling like they're being asked to take on everything? How do we involve the schools without driving the principals and teachers crazy? They want to provide education and we don't think they can do it without all these services.*

The key informants noted that these kinds of issues often get played out in facilities use. One key informant explained, "The biggest con is the sometimes uneasy relationship with someone else taking real physical control of a principal's territory. That's tough, but it's ultimately what makes sense." A service provider commented on the difficulties of getting buy-in from teachers and office staff at schools, noting that,

> *It is difficult to filter the concept down to school staff that the school is part of the neighborhood center, specifically in the use of facilities. Inevitably, there was a teacher or secretary that was hostile to us "outsiders" using the facility. Many of the teachers never embraced the concept. Teachers can be very territorial about their facility.*

According to another key informant,

> *Not everyone buys into it and teachers don't like to share their classrooms. There can be problems with custodial care. If you have a program on the field, they might lock the bathrooms on you. Even when the School District agrees, the people who are involved in the hands-on don't see the bigger picture.*

Another concern with respect to locating a center on a school site is that neighbors often do not realize that the center is for everyone's use, not just students and their families. As one individual explained, "People in the community are not as aware of the services on site at the school, especially the families with elementary school students who don't live in this neighborhood." Another informant queried, "What about families without school kids? How do they use this? That would be interesting to find out. How do people who have no connection of the school think of it, as a neighborhood center or a school center?" One informant noted that even people who are familiar with the center often associate its schedule with the school's schedule.

> *The pitfall of having it at a school is that the perception from the community is that when the school closes, so does the center. When the school's on break, so is the center. When it's summer and the kids aren't there, the center's not there either. And that's not true. This is a community center. We are open year round, seven days out of the week, and well into the evening. A lot of people don't know that, even some of the people at the school don't even know that. Their mentality is that it's school-based and it's all about the school.*

Some key informants noted that it can be difficult to coordinate services with students. One informant explained,

> *The cons have to do more with trying to coordinate services with kids' school schedule. Taking students out of class to be in counseling can be frustrating, especially when you are painfully aware that students are missing out on the academic subject, and especially when the teacher does not want this to happen.*

Another informant described how providers at the CNC have an added layer of responsibility in adhering to school regulations. She commented, "People who work at the Center had to worry about the school rules and try to make a better connection with school officials." One informant commented on the difficulty of maintaining discretion regarding service use. She observed, "Because you are on a school site when you're calling the students, you lose the confidentiality that a student has been in counseling. The content is protected, but it becomes obvious that the child is in counseling."

Recommendations Regarding Locating a Neighborhood Center on a School Site

The key informants had various recommendations for the City if it establishes a new center on a school site.

In regard to turf issues, one key informant suggested that the City institute some form of "contractual leverage to help encourage school compliance to the goals, objectives and procedures" of a new center. Another informant suggested that staff of a center take steps to educate school staff about services provided in order to obtain their support. One key informant made the following recommendation:

> *The principal needs to communicate the vision of the center to the school staff. Providers should let the school staff see the benefit of the things being offered by the center. . . Territory in schools is such an issue. The providers at the center must always understand that the school is going to be first, and be respectful of using the school staff's space. Maybe another idea is to have providers talk with teachers about the best way to use the space.*

As on key informant put it, "I would [recommend locating the center on a school site in the future], but the relationship part between partners needs a lot of work."

Two informants thought the appropriateness of locating a new center on a school site would hinge upon the target population. One remarked, "It is good to have it on a school site, but I would recommend having one on an elementary site as well or serving all ages at one site." The other informant stated, "If what you're trying to do is reach people throughout the year, that may not be the best site."

One informant expressed concern about available space at Sunnyvale schools and recommended that the City build a new building if they establish a center. He remarked,

> *I think they should build their own building. I'm trying to envision another Columbia, and Columbia has a whole bunch of stuff they provide and I can't imagine another place that could meet those needs or provide areas to meet those services. In terms of providing services, we can't even get storage spaces at the schools. What was really key about Columbia was creating the gym. That was when they started to talk about other things and that's when the service center idea came to life. The schools are putting up portables because they don't have space.*

General Recommendations

In addition to the above, the key informants made a number of general recommendations with respect to a new resource center, including the following:

- The center should have **evening and weekend hours**;
- The center should be located in a **larger facility** than the CNC, with more classrooms, more and more private counseling rooms, and a larger central area for groups to use;
- The City should identify the target population of a new center and conduct a comprehensive **needs assessment** to determine appropriate services to offer;
- Services should be provided **free or at a low cost**;
- The center should **partner with local companies and businesses**;
- The center should **partner with Sunnyvale Community Service;**
- The center should serve **elementary school children** as much as middle school children;
- The center should focus on **risk behavior prevention** activities.

Finally, a number of key informants emphasized that a new center must have adequate resources in order to achieve its goals. One informant advised,

> *From an operational perspective, we need to be more honest about the amount of time that collaboration and partnership takes. . .The other piece we need to take a serious look at is the complexity of our budgeting and management system and simplify them or change how we're budgeting things. . .If we're going to duplicate that model in other parts of the city, we need to recognize this.*

Another informant commented,

> *I would be dead set against a new resource center with a collaborative approach without someone managing that. You need [adequate] staff to manage it. The manager of the new center needs support staff, an office manager, and there needs to be someone to manage policy. It all adds up.*

Service Recommendations

Regarding the types of services a new center could offer, the key informants made the following suggestions:

- Mental health services
- Academic support for students
- Domestic violence prevention
- After school programs
- Health services
- Adult education
- Alcohol and drug services
- Services for ESL students
- School-based psycho-educational program
- Legal services
- Employment services

The key informants made the following suggestions for classes and recreational services a new center could offer:

- Cultural and arts events
- Teen-oriented activities
- Parenting classes
- Activities for families
- Computer classes
- Language classes
- Classes for seniors
- Sports activities
- Anger management workshops

Location of a New Center

The key informants were asked for input regarding the location of a new center. The two main criteria cited by the majority of key informants were **need for services** and **accessibility**, which is defined as close to public transportation or within walking distance of a community in need. In addition, a number of key informants believe that the **availability of an appropriate facility** is also a necessary consideration. As one individual observed, "Realistically, if we're not building a new facility, you need to focus on where there's an available facility." The key informants suggested the following criteria for location:

- On or near a school site;
- At a central location accessible to many people, such as a mall or near high density housing;
- In a low-income area;

- In a residential neighborhood;
- Close to other service providers;
- Close to public transportation.

One key informant believes that the criteria for location of a new center is "three-fold." She explained,

One, where people say they have an unmet need. Two, where there's a lead agency ready to take the bull by the horns and who's willing to take on the gatherer role and identify needed services and the best location. Third, it should happen where there's fertile ground. You need to have three or four very strong partners.

Recommendations Regarding Specific Locations

Key informants were asked about specific sites for a new resource center. Four areas were mentioned with the greatest frequency.

- Six key informants believe that **Sunnyvale Middle School** would be a good site, because there is a population in need of services at this site, there are good facilities in place, and establishing a center there would "be a good political decision," because of the perception that the North side gets many more services than the South side.

- Six key informants believe that **Fremont High School** would be a good site, because there is a low income population attending school there, it is easy to get to, there are good facilities in place, and it would provide a nice continuum of service for students graduating from Columbia Middle School;

- Five key informants believe that the area **North of 101** would be a good area, because there is a high level of need, there are in-door facilities available at local parks, and there is a dearth of services for children and families. (Note: although the CNC targets this neighborhood, the key informants noted that many children living North of 101 do not use CNC services because of difficult access caused by the freeway.)

- Five key informants believe that the **south part of Sunnyvale** would be a good area for a new center, because there are many immigrant communities in need of services and placing a center there would "balance out the services offered throughout the city."

Other sites suggested by the key informants include Nimitz Elementary, Ellis Elementary, Homestead High School, Peterson Elementary, and downtown Sunnyvale. One key informant suggested that the City expand services at the Sunnyvale Community Center, instead of establishing a new site. Eight individuals did not have specific site recommendations.

Evaluation of the Columbia Neighborhood Center

The key informants were also asked to evaluate the CNC's performance to date, in terms of its benefits for the community, the effectiveness of its outreach in the community and the extent to which it reflects the cultural diversity of the surrounding community. The following is a synthesis of the key informants' principal perceptions of the CNC.

The Center's Impact on the Community

The overwhelming majority of key informants agreed that the CNC has improved the quality of life for community members, citing many benefits the Center brings to the community.

The key informants most frequently cited the **services** provided to the community. Health care, recreation, mental health services, case management, and after-school programs were perceived to be the most beneficial of the CNC's offerings. One key informant added that the community perceives the services provided as "professional and high quality."

The second most frequently cited benefit of the CNC was that it **increased access to services** for a community that is in need.

In addition, several key informants expressed the opinion that the CNC has **improved community identity** in the surrounding neighborhood. One individual explained,

> *The main benefit is to have something in the community that the community identifies with. It's an incredible investment that the city and surrounding businesses identified this as a place worthy of investing in and I think that translates into a positive view of families and self. The community feels valued that there bas been this investment in them.*

Some key informants feel that the CNC is a "focal point for the neighborhood" and "one centrally located place that everyone knows," which has resulted in a common sense of identity among neighborhood residents. One informant observed, "It's got people thinking about the neighborhood and the needs of the community. It has become a central focus of the neighborhood. It is something to be proud of, and it has created an identity for the neighborhood." Other informants reinforced this idea that community is proud of the CNC. Another informant remarked, "It's a status piece. North Sunnyvale didn't have places where kids can go. Now it does. That's a source of pride to the community."

Several key informants explained that the CNC is **"a safe and positive environment" for youth** in the neighborhood, and "is a great way to keep youth off the street, safe and out of trouble, especially at the middle school age." Key informants commented that parents in the neighborhood are pleased that there is a safe and supervised place where their children can participate in enriching activities, particularly during the summer. One individual observed that

the CNC provides many opportunities for youth to connect with young people of all ages and with adults. She explained,

> *It has also been a good opportunity for youth to meet other youth who not from this school and from different age groups. This seemed to make the kids a lot more comfortable with being in the neighborhood and in this community. It helps the younger kids to be comfortable coming to the middle school. It seems to help to build a sense of community with the kids. . .All these things build community. I also think it is good for youth to connect with adults and be supervised by a positive adult. Making relationships with adults is a positive influence.*

Key informants also commented on the benefits of **co-located services** at the CNC. One individual explained, "It can be very time consuming for families to find all these services when they are not located in one location." It also allows providers to communicate easily with one another and provide coordinated services to families.

Key informants commented that the CNC has also **leveraged funding and resources** for the community. One informant explained, "We're able to work together to access grants and other monies that we wouldn't be able to access were it not for the partnerships." Another individual agreed, noting, "We've been able to get a lot of grants because we've got a foundation for services and a base model. We've been able to leverage a lot."

Some key informants felt that while the CNC benefits the community, those benefits can be limited. One individual commented, "I think it has [improved the quality of life] only for those people who still go out and take an interest in it, and more for the Hispanic community than any other because that is really the focus."

Recommendations for Improvement

In addition to describing the CNC's benefits, key informants were also asked to discuss ways or areas in which the Center could be doing a better job.

The majority of key informants said that to do a better job than it is doing now, the CNC needs **additional resources**, in the way of **staffing, funding and space**.

Key informants agreed that there is great demand within the community for more services, but the CNC needs **more staff** if it is to meet this demand. As one individual put it, "What was originally envisioned and what the project evolved into are two different things, and I don't think we planned enough staff." Lack of staff impacts the Center's ability to expand its programs. One individual commented, "They're focused on the middle school, so when you try to get services for parents or adults, they don't have space or staffing for anything more."

One key informant commented that the lack of staff negatively impacts the CNC's capacity for obtaining new grants. He explained,

We're stretching and pushing the envelope on our resources. We've been successful at getting grants and then it's like, how do you administer those grants and programs when staff is at capacity? Should we ignore future grants even though they align with our program? I guess it comes down to having enough resources in place. That's really a struggle.

In particular, several informants commented on the need for additional administrative staff to coordinate the CNC's various services. One individual said, "The CNC could use more program staff to help coordinate things. It all falls on [the Site Manager's] shoulders. I think it's an overwhelming job for one person. I know they're trying to look to the rest of us to provide the programs, but I think they need more staff to coordinate it all."

A number of informants noted that there should be one staff person who exclusively focuses on reception duties, because the current receptionist has "too many responsibilities." They commented, "Resources need to be given to hire someone who can welcome people, greet them, refer them, and answer their questions."

Although key informants agree that the CNC needs more staffing, **funding** is clearly limited, which has led to some friction with city and school district partners. An informant from the Sunnyvale School District commented on the school's position in the matter:

The School District does not have more money to put into this. One of the difficulties of this partnership is that it's on the edge of our mission. Our primary goal is to provide an instructional educational program. This is not that. It supports families and the total environment of the kids. How much money can the district put into the program when we are held accountable to other objectives? Where do we direct our resources? We need to direct them to the highest priority. Any additional funding would be better aligned with the City's mission rather than the School Districts or outside grants.

The issue of **space** surfaced repeatedly during interviews with key informants. Key informants agreed that people and services at the CNC are "packed in tight." Many believe this limits the CNC's ability to meet community demand for additional services. One key informant explained, "We are very limited in terms of the space. It's wonderful to have a space and office for our job, especially when we see a student. But if we had more space, there could be more services. . . There are more people now than there's space for." Another individual thought it would be good "if we had different service providers, such as organizations that were more involved. But, right now, there is such a lack of space, that it's really not that possible." Another informant thought that the space problem was related to the rate of CNC's growth. She commented,

Maybe we are growing too fast. We may need to extend the building too. We have so many people here coming from different agencies and it gets really busy and crowded. This building is beautiful. It is brand new and in good condition. Now

the community is demanding more. I think it would be good to extend the building. As more people use the services, even more people come.

Another informant noted that the lack of space in the building makes "managing the facility a major challenge unto itself."

Many key informants agreed that the CNC should put more resources into **publicity and outreach**. As one key informant stated, "The CNC has a lot to offer, but I don't feel that there are as many people using the services as the CNC could handle. We could reach out to the community better to let them know about the services available." (Recommendations for how the CNC can improve its efforts in this area are discussed ahead.)

With respect to cultural and ethnic diversity, a number of key informants feel that CNC should **reach out to specific populations** that they perceive to be "left out" of CNC services, particularly **Asian residents**. One individual explained,

I think that some groups do not benefit from the center as much as other groups. All ethnic groups don't have as much accessibility as others. It's not necessarily that programs are ethnically-based, but if you don't speak English or Spanish, you will have difficulty accessing program information, such as those in the API [Asian Pacific Islander] community.

Another individual commented, "I think there are a lot of Filipinos [in this area]. Whatever [the CNC has] been doing so far to reach [Spanish-speaking] people, I think they should do the same in other languages." The key informants agreed that there should be more counselors and other staff who speak languages other than Spanish.

In addition to the non-Latino population, the key informants mentioned a number of other populations. Several individuals would like to see the Center provide more services and activities for **neighborhood families who do not have children attending Columbia Middle School**. As one key informant observed, "There's still a need for more services available to adults who don't have children in middle school." Other individuals believe that **students North of 101** do not benefit from CNC services, despite the fact that they are in the CNC's target area. One informant explained, "Their barrier is the freeway. For kids to walk here, it's very difficult and dangerous." Another informant agreed, observing that participation from that area "is cut in half by the freeway." Two individuals believe that **elementary school students** feel excluded from the Center's activities. One explained,

It is perceived by staff and families here at this [elementary] school that [the CNC] provides services to older middle school students and their families. It is not a place with activities for our students. Being on a middle school campus it tends to serve the older students. The younger students don't feel as if there is anything there for them.

These individuals provided suggestions for how the CNC can address these service gaps. One thought that better transportation would help include the elementary school children access Center services. She commented,

> *There were a lot of promises made to the feeder schools when the Center first opened which haven't been kept. It seems like most of the goals have been accomplished, apart from the outreach to the feeder schools. One criticism I have is that there is a too narrow scope on the middle school children. The grade school children need more activities after school. They should make the Center a hub of neighborhood activities and pull kids into the Center from all the feeder schools. Right now, we don't get good enrollment in the after school classes we offer [at our school] because they are too expensive. The Center could plug that gap. However, if the center offered activities for the feeder schools, there would have to be a bus to pick them up and bring them back.*

Another informant suggested that the CNC reach out to Lakewood and Fairwood students by bringing services to those schools. She stated,

> *The other thing, too, and again it goes back to resources, is taking services out to the other school sites that need the services. Right now, our model is that they come to us and we provide the service here. The intent of this model was that we were in the community. And yet, we really aren't, especially for the people who live in Lakewood. For the schools over on the Lakewood side, which is Lakewood and Fairwood, I think we need to take some of our services out there to be accessible.*

Many individuals would like to see **improvement in the CNC's collaborative partnerships**. One individual described her perception of this issue:

> *What you have is a number of bureaucracies coming together and the question is how to merge them. It's not always a simple solution. I'd like to say that everyone should meet and decide what the goals, are but the reality is it doesn't work that way. . . Columbia presents a new way of thinking: How can we all work together and be successful at bringing services to this community? It's a global look. All the services are important, because for the person that needs [a particular] service, it's the most important service to them.*

In addition to the above, the key informants made a number of general recommendations regarding ways to improve the CNC, including the following:

- Increase hours of service during the evening and on weekends;
- Conduct a follow-up to the initial CNC needs assessment to make sure that current services still reflect neighborhood needs;
- Expand the Center's legal services to offer family law services;

- Add recreational activities that are more reflective of the community's interests and the interests of various age groups;
- Develop a mentoring program and a peer counseling program for children and teens;
- Bring a psychiatrist on staff who can prescribe medicine;
- Expand counseling services to include adults;
- Offer drop-in parenting classes and workshops in various languages.

Outreach and Promotion of CNC Services

The majority of key informants believe that the CNC has been very successful in conducting outreach and promoting itself to the community, particularly given its limited resources. As one individual explained,

> *I think they could do a better job of reaching out, but it goes back to the fact that you can only do so much with the people you have. If they expanded their staff, they could do a better job of getting the word out and educating the community. The bottom line is they've done an incredible job with what they have, but with more personnel, they could continue to broaden their influence.*

Another informant agreed, adding, "In order to get any message across, you have to saturate your target audience using different methods, not just one. [The CNC's] only had the resources and means to do one, which is the newsletter, and it's very limited."

The key informants had several ideas for expanding the CNC's outreach and promotion efforts, including the following:

- Talking about CNC services at neighborhood gatherings, parent meetings, local clubs and organizations, and church groups;
- Placing a bilingual display board advertising services and giving directions to the CNC at each of the target elementary schools;
- Building relationships with neighborhood associations;
- Conducting oral presentations at kindergarten orientations at the beginning of each school year;
- Highlighting various services in the target elementary school's monthly newsletters;
- Setting up an e-mail listserv;
- Advertising services in the neighborhood association newsletters;
- Sending simple, bilingual flyers home with children attending school to give to their parents;
- Advertising in Spanish-speaking periodicals;
- Utilizing grassroots publicity strategies, such as a door-to-door campaign;
- Emphasizing free services in publicity materials;
- Involving key stakeholders and pivotal people from Sunnyvale's different communities;
- Having the target schools collaborate with the Center to develop outreach strategies;
- Explaining services to target school students at school assemblies;

- Initiating a strong publicity campaign before the summer school break;
- Targeting the non-Latino community;
- Advertising in the local newspapers;
- Placing banners on main thoroughfares.

Reflecting The Neighborhood

The majority of key informants believe that the CNC reflects the cultural diversity of the area it serves. As one individual put it, "[The CNC] is the neighborhood." Another informant commented, "The culture of that area is very similar. It's primarily Hispanic and that's who primarily uses the facility."

However, some of the key informants believe that the CNC should do more to reach out to non-Latino populations. One key informant explained,

We seem to put our primary efforts into the Hispanic community and don't address the Asian and Indian populations. We do a good job for the Latino community but we need to equally address all populations. . . .This seems to be in terms of staffing and the students that we serve and the outreach that we do. Our demographics will continue to change and we have to be ready to accommodate all diversity.

Another informant observed, "There is also a large Filipino community, which doesn't get addressed. [The CNC] should diversify in that regard." Other informants would like to see CNC expand its language capabilities beyond Spanish and have a more diverse counseling staff.

One informant suggested that a community center may not be the best venue for addressing the needs of the Asian community. She explained,

There is a really strong Hispanic representation in participants and in staff but there are a lot of Asian groups, which I don't see reflected in staffing or participants. This might be cultural. Asian communities tend to keep to themselves a little bit more, or they seek services which are strictly for Asian people. Asians tend not to show that they need help. It's a shameful thing. A community center is way too public.

Outcome Measures

The CNC measures its success with outcomes such as improved student performance on standardized tests, reduced school absenteeism, reduced disciplinary referrals, reduced crime rates, reduced juvenile recidivism rates. The key informants were asked if these outcomes were appropriate for a resource center like the CNC.

Many key informants believe that these outcome measures are not appropriate because there are too many intervening variables. One informant explained, "With each of those, there are so many intervening variables that are outside of the scope of the CNC and the school, that I don't think they are good measures. How tight is the connection between the program we offer and these goals?" Another individual stated,

> *They do get to the heart of why we are providing the programs but the indices are too vulnerable to overall trends and other influences on the community that are much too difficult to measure. . . Crime, absenteeism, and disciplinary actions rates are really very cyclical. The rates have a lot to do with the demographics of the people there. I don't think police or community activities have much to do with the changes in rates. It is really tough to distinguish what causes or contributes to what.*

A third informant agreed, and added that non-quantitative measure are necessary. She remarked,

> *The problem . . . is that they are too numbers or statistics oriented. [Statistics] just cannot really be that reflective of what's happening. There are outside factors that are out of the City's or School's control. It is really a danger to rely too heavily on those figures.*

Another informant agreed and called for more qualitative outcome measures. She stated, "We get too hung up on quantitative measures. The powers that be want to see numbers but there's much more of a qualitative impact that is de-valued, minimized and not given the attention it deserves."

One key informant noted that the outcomes provided clear goals for the Center, but were too difficult to measure. She observed,

> *I think they're good outcomes but they're hard to measure and collect data on. They helped us provide clear direction on where we wanted to go. Needs change and they should be amended, probably every five years. They've helped CNC be successful because the goals were clear, but they might not have been 100% on target.*

Another informant agreed, noting that, "One of the problems with measuring those outcomes is tracking general performance along with who actually uses the facility. For example, there are overall absenteeism rates and absenteeism rates among the kids who go to the center. I don't think that's been successfully tracked."

In addition, one informant was candid about his inability to judge the appropriateness of these measures. He stated,

One of my issues with [the outcome measures], and I raise it from time to time, is that I don't know, and I don't think anyone on the Task Force [CNC's governing body] knows whether these are reasonable measures. . . I think we spend a great deal of time gathering data and trying to develop measurements to determine if we have made progress toward these goals, without really knowing if they are reasonable expectations.

Recommendations Regarding Outcome Measures

In a follow-up to this question, the key informants were asked for their recommendations regarding additional or different outcomes they would propose for evaluating the CNC or a new resource center.

As noted, several key informants recommended the use of **qualitative measures**. One individual noted, "I think you can do more with surveys, like talk about how neighbors and kids felt about CNC and the neighborhood."

The key informants also proposed outcome measures that include **feedback from young people, families and community members** regarding their perceptions of CNC's impact. One individual commented, "I think you can get more valuable information through questionnaires. I'd put more stock in surveys and whether kids think it's a good thing for them or not." Another agreed, adding,

I think that we should find ways of understanding the needs and wants of the students, instead of imposing our own ideas of what they need and then measuring those. Students will change their behavior if they see the benefit in it for them. We need to modify how we present the services in a way that meets their needs as they see them.

Two key informants recommended that the City of Sunnyvale **hire an outside evaluator** to explore this issue. One informants stated, "They're great goals, but will this program help us achieve those goals? I think we need an outside program evaluation to come look at this issue for us." Another individual agreed and stated, "We need some sort of sophisticated evaluation person who has expertise in this area to come in and develop appropriate measures."

One key informant believes that the CNC should develop **community-oriented outcomes**. She commented, "This as a community center, not a school center. Yet, a lot of the outcomes are very school-based. That's a very small segment of the overall community. The overall community is about 30,000 people we're targeting."

The key informants also suggested specific outcome measures, including the following:

- Health-related outcomes, such as vaccinations, immunizations, occurrence of communicable disease;

- Participation rates (with regard to counseling sessions, Center classes, recreational activities, parent involvement);
- Mental health-related outcomes;
- Pre- and post-tests on attitudes;
- Counseling session attendance;
- Center staff and school faculty perceptions regarding impact;
- Graduation rates;
- Domestic violence calls to police;
- Disciplinary rates;
- Incidents of graffiti;
- Quality of life measures.

Barriers to Information about Needed Services

There are many sources of information about community services available in Sunnyvale, including the City's TV station, its website and quarterly reports, and numerous newsletters and activity guides. However, many residents still find it difficult to obtain information on existing services. For this reason, the key informants were asked for their opinion regarding barriers to accessing available information.

Language was the barrier most frequently cited by the key informants, who commented that the majority of available information about services is in English, which is not accessible to those with limited English skills.

Several key informants also noted that **culture** can be a barrier to finding out about and accessing services. One informant explained, "Part of the problem is that people are not culturally oriented toward researching in that kind of way. I love the stuff we get in the mail. They speak to me, but I don't know that they speak to the people they're trying to reach." Another informant agreed, stating, "Perhaps we should look at cultural friendliness. For example, a good portion of Filipino families don't come to school because in their culture, the school comes to the family. Maybe we need to address this better."

However, many key informants feel that the City of Sunnyvale is in fact **doing enough to publicize services,** which many residents do not access for various reasons, particularly busy schedules and "information overload." As one key informant explained,

> *I think our city does a magnificent job of marketing our services. I don't know what more they can do. They mail out catalogs. They mail out quarterly reports. They disseminate materials to our students. They have a website and TV station. They do targeted mailings and go after certain people. I don't know what more they could do. They could probably do more of the same, but I don't know if it would give more bang for the buck.*

Another individual agreed, and added, "People don't know what's going on, because they are very satisfied, and because everything in this city is run and managed well." A representative of a nonprofit indicated that she would in fact be opposed to the City putting additional resources into marketing of programs. She explained,

> *There's the question, "How much should the city spend on people if they're happy?" or "How much time and money is the city going to spend to communicate with people when people are happy?" The answer may be that people are happy and they're not coming for that reason. I don't want service dollars to go for communication attempts.*

The key informants discussed other barriers to accessing information about services, including low literacy levels; no access to TV or cable TV; no access to computers and the Internet; and a lack of City staff focused on coordinating publicity efforts.

Recommendations For Improving Access to Information About Services

The key informants made the following recommendations for improving access to information about available services:

- Disseminate information through schools (present at school assemblies, conduct orientation sessions with teachers, send materials home with kids);
- Build relationships with key community people;
- Connect with neighborhood associations, churches and other grassroots groups;
- Conduct research to ensure that the services provided are what the community needs;
- Target specific groups separately;
- Utilize a grassroots approach to publicity, such as conducting door-to-door campaigns and developing neighborhood advisory groups;
- Advertise in local newspapers and community-based periodicals;
- Develop a portion of the City website geared to teens;
- Advertise in the mall and at recreational sites;
- Purchase air time on non-cable television stations and radio;
- Advertise via signs, billboards and street banners;
- Offer clients incentives for referring others to programs and services;
- Make materials more visually appealing and easier to understand;
- Offer materials in a variety of languages;
- Advertise the City's website more heavily;
- Mail one packet of information to all City residents;
- Hire a marketing company or a City Publicity Coordinator to handle promotion;
- Partner with Pacific Bell to have a section of the phone book devoted to services;
- Develop a toll-free hotline that residents can call for information about services.

In addition, the key informants emphasized that "The more ways you communicate, the better." One informant explained,

Depending on the medium, you're limited. If someone doesn't have access to the Internet, the website is not good. Also, it's only in English. We have the public access TV channel but you have to have cable TV. Putting things in The Sun is another way of doing it. There's no one way of doing this; there has to be many different ways. Some Spanish radio stations would be good. The City puts out the annual report and flyers, and those are effective to some degree. Each one reaches some people.

FINDINGS FROM FOCUS GROUPS WITH SUNNYVALE RESIDENTS

As part of this evaluation, Harder+Company conducted focus groups with Sunnyvale residents to assess their program and service needs, identify where residents currently access resources and how they find out about them, examine their perceptions regarding a new center, and get their recommendations regarding potential location of the center and programs and services it could offer.

Eight focus groups were conducted, with: at-risk middle school students, Teen Council members, parents of elementary school students, parents of middle and high school students, parents of disabled children, homeless persons, English-speaking clients of Sunnyvale Community Services, and Spanish-speaking clients of Sunnyvale Community Services.

At-Risk Middle School Students

Program and Service Needs

Middle school students in this group report that they spend their free time hanging out with friends at their houses, playing sports like basketball, soccer and football, going to the movies, and talking to their friends on the phone. Occasionally, they spend time with relatives, attend church, swim, or go to Great America. They feel there are more things to do in San Jose than in Sunnyvale. Students said that they sometimes leave Sunnyvale to go to dances at other schools and to hang out at community centers.

They believe the main reason people their age do not attend programs and activities in Sunnyvale is because transportation is difficult. They find it hard to get around unless someone gives them a ride. They think there should be more buses that run later into the evening because students have no way of getting home once they stop running. The participants also mentioned that they are unable to participate in some of the existing after school activities because they are closed to students who do not attend certain schools.

The students said that they would like to spend time at the Sunnyvale mall but it is too empty. They claimed that ". . . if the mall wasn't so dead, everyone would go there. It needs to have more people." Students thought it would be good if there were a "teen center" they could go to after school and on the weekends, "a place where your parents feel OK that you're there." Activities they would like at a center include playing pool, listening to music and dancing, playing games and sports, and using the Internet. Students would also like a place for young people to work out and lift weights without adults, because adults are "grumpy" and "complain that we don't use the machines right." Aside from the center idea, the students would like there to be activities that people from schools in and out of Sunnyvale could participate in together, like monthly dances or a skateboard park.

When asked about the main issues or problems facing middle school students in Sunnyvale, the students said that young people need things to do and places to go. When one student said, "No one likes to stay home watching TV," another agreed and added, "Yeah, that's when people go out and do something bad." Students agreed that many kids use drugs and alcohol and they need someone to talk to about their problems. One student said that young people can go to counseling at Kaiser when they have problems, but she has not found it very helpful:

> *There's counseling at Kaiser, but they don't help. They just talk to you. They tell me what to do and that I'm supposed to control this and I already know I'm supposed to do that. Then they tell you they're going to put you in a program and then they forget about you. They're nagging. They just talk to you. They don't put me in no programs or nothing to make myself better.*

Another student said that even though resources exist to help young people with their problems, not everyone takes advantage of them – "Maybe some people want help, but some people just want to continue doing what they're doing. They could get help now, but they don't." In addition, students would like to receive assistance with getting jobs and looking for volunteer opportunities, which they realize would help keep them out of trouble.

Perceptions of a New Center

The students reacted positively to the concept of a new resource center. They thought the area near the mall would make a great location for the center because it is centrally located, easy to get to via public transportation, and, "Kids end up there already and they could walk by it and see it." When asked what kinds of activities they would like to see the center offer, students mentioned many of the same activities they talked about for the "teen center." Additional ideas included an arcade, a place "where you can go and talk about your problems", a big TV with a large sitting area, and snacks. Students also said they would like it if there was a homework club to go to before participating in activities because, "People need to stay out of trouble and get their grades up."

Sunnyvale Teen Council

Program and Service Needs

When asked how teenagers spend their free time, members of the Teen Council listed a variety of activities, including going to the movies, eating out at restaurants, going to coffee and juice shops, playing sports, and going to parties. However, the teens emphasized that they spend the majority of their free time with friends. "I think the biggest thing is friends. Whenever I have free time, I call my friends and we sit around trying to figure out something to do . . . " Another teen agreed, "I think a lot of people, when they have free time, they just like to sit around with friends. If I have free time, I just want to go somewhere and sit and talk, which is why we'll see a movie and go to coffee or Jamba Juice or have ice cream. We sit around and talk for another

hour or so, and then I'll go home." Some teens said that they go to the Fish Bowl on Saturday nights. However, others emphasized that not all teens are interested in going there because they may not like the music they play at the Fish Bowl or they do not like the type of kids that go there.

The teens were somewhat satisfied with the amount of activities available to them in Sunnyvale. Some of the things teens leave Sunnyvale to do include going to the movies in Santa Clara or Saratoga, walking along Castro Street in Mountain View, or even going to the Krispy Kreme in Union City for donuts. The Council Members said they knew people at their schools who went to raves in San Francisco and Oakland and dance clubs in San Jose and Los Gatos. When asked what kinds of activities they would like to be available in Sunnyvale, the teens mentioned a movie theater, a dance club and a place to get help with their homework. Council members agreed that teenagers would probably go to the new mall once the improvements underway are completed. However, some participants thought it would be nice if Sunnyvale had more than "the typical mall stuff." One stated:

> I think it would be really cool for Sunnyvale not to get everything so
> commercialized. We're building a new mall, but you know how when you go on
> vacation, you see the same stores – Gap, J. Crew, whatever. Everything is the
> same. Mountain View, for example, is kind of cool because it's got Castro Street
> and there's all these unique little shops and that's really appealing to me. A lot of
> my friends like it because it has a cultural type atmosphere. I really don't like
> going to a big mall because you can go anywhere and it's the same stuff. I think
> Sunnyvale should focus on being unique in what they offer people.

While some teens felt there were more or better things to do outside Sunnyvale, they also thought that many of these activities were so close that it did not matter. They noted that, "People don't just focus in on the city boundaries. I go to school in Cupertino, my church is in Sunnyvale and I have friends in Los Altos and Palo Alto. So, the city boundaries don't make any difference to me."

When asked for reasons why some people their age do not take advantage of existing programs and activities in Sunnyvale, the teen participants said that it is difficult to get around Sunnyvale if you do not have a driver's license. Although the bus system is in place, many teens do not take advantage of it because it is "not cool" and "grungy," or their parents will not allow it. One student commented, "I think transportation is an issue because it was really hard to get anywhere and my parents weren't cool with me getting on the bus. They didn't think it was safe." Another teenager added that parents' approval of an activity affects teens' participation: "A bigger issue is the fact that people's parents have to be okay with it. If they're okay with it, you can find a way to get there." The attitude of their peer group is also influential. While discussing the Fish Bowl, one Council member commented,

> I've heard from somebody that one thing that might keep people from doing a
> program like the Fish Bowl is that there are people who . . . might tell people not

to go there because it's not cool . . . I think that's one thing. If somebody says it's not cool, a lot of people will follow that mentality.

Some Council members frequent the Fish Bowl regularly, but they stressed that it caters to "a certain type of teen, someone who's not teeny-boppery."

In the course of discussing how teens spend their free time, several ideas about what make particular activities appealing surfaced. One participant commented that teens like unstructured, spontaneous activities: "It's the spontaneous things that are more attractive. You can do something and then do something else. You don't have to say, 'This is my schedule for the night.' You just say, 'Mom, I'll be home around this time,' and you can just go do whatever..." Another thing that attracts teens to activities is going places where other teens with similar interests hang out. When discussing what attracts some teens to the Fish Bowl, one teen commented, "They can see their friends there and see people who have the same interests they have, like listening to the same music." Overall, the Council members agreed that it is hard to market activities to teenagers:

> *It's hard to make something appealing to teenagers. It has to be cool, but it can't be hip. It has to be non-trendy. It's so hard, but if it catches, it's good. If teenagers decide to make it a spot, you're set. It's difficult to cater to teenagers because if you cater too much, the teens will think, "I don't want to go there. It's just for teens. It's dumb."*

Teen Council members were also asked about problems teens in Sunnyvale face. Members agreed that drugs, drinking, pregnancy and peer pressure were the main problems. They said that most teenagers turn to friends to discuss their problems instead of teachers, counselors or other adults. One student commented on the difference between discussing a personal problem with a friend, compared with a teacher:

> *It's hard for people to go to their teachers because the type of relationship you have with your friend goes along with talking about your problems to them, whereas, like in public schools, the classes are so big and there's not enough personal attention for a student to develop a relationship with a teacher where they'd feel comfortable talking to them.*

In general, the focus group participants agreed there were probably resources in Sunnyvale for teens who need help with a problem, but it is difficult to find out where to go for help. One student suggested that information be disseminated through the schools,

> *. . . One of the hardest things with teens is letting them know that there are programs. What a good idea to tell a teen that a program is there – it's such a relief for people. I think that's one of the best things. I think one of the biggest problems for teens is not knowing what's out there, and going through the schools is probably the best way to tell them about it.*

The focus group participants also thought teens in Sunnyvale need help getting jobs because school career centers do not offer interesting jobs. One participant commented, "When you go through high school guidance counselors, they offer you things like working at McDonald's and jobs that offer no skills at all, and I think a lot of teens do have enough skills to get a better job than one that just pays minimum wage."

The Teen Council members thought it would be helpful if there was a central place teens could go for help and information. One teen commented on the benefits of a confidential and anonymous hotline: "If it was me, I'd rather have a phone thing because I'd be too embarrassed to go down and talk to someone, because I know a lot of people. I've lived here my entire life and I wouldn't want to accidentally walk into that person later or have them see me going there." Others teens thought it would be good if there were a teen information center in the mall: "I think the mall would be a great place to have a resource center for teens, because if they're in the new mall, it will be a huge improvement and people will be there and then they'll just stop by this one place. It should be in the mall, like maybe near a common teen store like Gap, and then they'll go there." Because the mall is bustling with activity and people, teens thought the center should not offer on-site counseling. Instead, it should be an "information center" where teens could research jobs openings, find out about entertainment events, and browse pamphlets of organizations that help teens with problems such as pregnancy and drug and alcohol use.

Perceptions of a New Center

The focus group participants do not think teens would be very active participants in a new resource center that targeted the general community. They think it would be difficult to attract both teens and adults at the same time. They also said that there is a stigma around hanging out at places where middle and junior high students go. They also think it would be difficult to get teens to sign up for classes because they generally do not have the time, interest or motivation for participating in structured activities.

Parents of Elementary School Students

Program and Service Needs

Parents of elementary school students who attended this focus group report that their children participate in recreational activities such as dance lessons, swimming, gymnastics, and Wiggle Worms. Families enjoy seeing fireworks on the Fourth of July, participating in arts and crafts activities at the Community Center, and going to farmers' markets in Sunnyvale and Mountain View.

The parents feel that there are not enough activities for children and families in Sunnyvale. They report that they often attend parenting classes and family activities outside Sunnyvale because they are less expensive and of higher quality, and because they experience a greater sense of community. The main barrier to participating in activities is the demanding work schedule that most parents have. The participants said that they have limited amounts of time to

spend with their children and little or no time to research recreational activities. Because class schedules often conflict with work schedules, the parents said they would like to see parenting classes and activities for families offered after work hours and on weekends. Parents with children of different ages said it is extremely difficult to locate activities for all their children at the same location and time.

The focus group participants voiced concern about the lack of affordable quality child care in Sunnyvale. One parent commented on her experience with long wait lists for child care, "It's not available. I signed up when I was two months pregnant with my son. They called me when he was three months old and told me his older sister had finally gotten in." Many parents do not feel comfortable placing their children in family child care homes because they do not think they are well monitored. One parent commented, "It's not safe. All they do is take fingerprints." Other participants claimed that child care is a great economic burden on them, yet they do not qualify for subsidies.

The participants were also concerned about the quality of education in Sunnyvale. One participant commented on Sunnyvale's school district rankings, "Compared to other cities around us, we're not really there. What is being done to improve the educational system? We are thinking of moving out of the area because of this." The participants agreed that the City should increase teachers' salaries because many teachers can not afford to live in Sunnyvale.

The parents said they have a difficult time finding out about activities for children and families in Sunnyvale. That was particularly true for two participants who recently moved to Sunnyvale. When asked how they find out about services and activities, parents said that they usually go to the newspaper, the phone book, the library, or the Internet. The parents said it would be ideal if they could research and sign up for classes through the City's website, since they could do this from work or home. The parents also said they would like to receive more information just for families in the mail or via e-mail.

Perceptions of a New Center

Instead of establishing a new resource center, the parents thought it would be good if the City focused its energy on improving the Community Center. As one parent commented, "The Community Center has a lot of rooms that they aren't using." Parents agreed that the Center is centrally located and close to public transportation. They commented that the current offerings at the Center do not meet their expectations in terms of quality, and are expensive compared with better programs outside Sunnyvale. The participants said they would like to see special interest clubs like chess, language courses for children and parents, support groups, and sports activities offered at the Center. They also agreed that there should be more "cultural" activities and events in Sunnyvale. An Indian man said, "You start living in a closed group with people from your culture. We are creating islands in our communities. I am fascinated by other cultures and I think people would enjoy learning about each other." A Latina woman agreed and added, "Sunnyvale is very diverse ethnically. They need to bring in more arts and music, not just technical stuff."

Parents of Middle and High School Students

Program and Service Needs

Parents of middle and high school students said that their children participate in a variety of recreational activities, including sports such as baseball and soccer, art activities, and music lessons. The parents also enjoy gardening and swimming with their children, but they commented that it is difficult to find family activities their children enjoy.

The participants believe that there are sufficient activities for children and parents in Sunnyvale, but they discussed a number of barriers to participation. Activities are scheduled at hours that conflict with work schedules, which makes it difficult to transport children to and from activities. Single parents and parents with younger children find it especially difficult to drive their older children to activities. One frustrated parent commented, "I can't mess around with a 9-12 AM class. I have three kids. There is nothing available here for the working parent. It's impossible to deal with the hours of the programs and trying to coordinate three kids going three ways." Parents thought it would be nice if there were activities for families who had children of multiple ages, such as a community gardening class. They also thought it would be great if there was an evening cooking class that working parents could take with their children, in which they could cook dinner together and bring the meal home to eat.

Parents get information about existing programs and services from packets sent home from school, the Parks and Recreation Activity Guide, the newspaper, and the City's website. However, the parents report that it is difficult to find out about activities in Sunnyvale. One parent said, "I don't get enough information and it's not clear. I signed up my kids for activities for the whole summer, but none of them are in Sunnyvale." Parents agreed that the best way to disseminate information about activities was to send it home with children from school. However, parents feel that the City should coordinate more with the various school districts because each district disseminates different information. One participant receives a great deal of information about Santa Clara but nothing about activities in Sunnyvale. Another parent complained that her child's school did not send home any information. Instead, they send home a list of flyers and brochures that parents may pick up in the school office. She feels that her family is "left out of the loop" because she does not have time to pick up the flyers at the school and her children do not feel welcome in the school office. Conversely, other parents had very positive experiences. One parent commented, "We're in the Cupertino School District and they are fabulous about letting us know about everything. We get thick packets of information every week." The participants also thought it would be ideal if they could sign up for a family activities e-mail list at the library and then register for classes over the Internet. One single parent stated, "Everyone who has kids has to come to the library. The library could ask you if you want to be on the e-mail list. If you saw something you were interested in, you could go straight to the City website and register for it. That way, I could do this all in my spare time at work."

The participants feel that children in this age group need counseling, after school academic assistance, and access to supervised social activities such as school dances. Parents also thought that current programs to help teens get jobs were insufficient. Regarding the North Valley Private Industry Council (NOVA PIC), one parent said, "A lot of kids don't know what NOVA is. I didn't know about it until I saw this flyer and it wasn't in the career center. It's not being publicized enough. I was surprised to hear that NOVA is for low-income and special needs children. So, what happens to the middle class kids? Where should a first time employee like my son go?" As parents, they feel that the biggest problems they face are lack of time and the cost of providing their children with enrichment programs and activities.

Perceptions of a New Center

If Sunnyvale established a new resource center, they thought it would be nice if it offered affordable counseling and tutoring, anger management classes, job and computer training classes, and athletic courts and fields where youth have priority use over adults. One participant stated, "At Columbia Middle School, they have an excellent program. They should start pilot programs in schools that don't have all those activities." The parents thought it would be good if the center were located near the library or at the mall.

Parents of Disabled Children

Program and Service Needs

Parents of disabled children report that their children utilize a small number of social groups and recreational programs in Sunnyvale. The majority of these programs are operated by the City's Therapeutic Recreation Program. They include Friday Night Fun, Saturday of Experience, Rainbow Day Camp at Ortega Park, swimming in public pools, playing tennis at the Sunnyvale Tennis Center, bowling at Brunswick Homestead Lanes, and playing baseball through the Metro Challenger Program. Parents also discussed several programs their children participate in outside of Sunnyvale, including Santa Clara's Special Olympics, ice skating at Winter Lodge in Palo Alto, Stephen Creek Camp, the Creative Recreation Program in Palo Alto, and Club Beyond, a support group for handicapped young adults run by the San Jose Christian organization Young Life.

In general, parents were appreciative of the programs Sunnyvale offers. One parent whose son has a severe physical disability was particularly pleased with her family's experiences. She said, "They go to great lengths to make things work in Sunnyvale." However, others felt that Sunnyvale's programs for children with disabilities were somewhat limited. In the course of the discussion, one parent asked, "Does the Parks and Rec Department want to be the premiere site for therapeutic services or do they want to just keep it this way? It's been this way for 15 years. It's been this little, low-key set of activities; the same ones every year for the past 15 years." Another parent thought that the City programs should have better staffing. She explained,

What I wish is that there would be more staff, and staff that's paid better, because I don't think they're paid very well for this kind of work. [They should] have training in assaultive behavior and more awareness of disabilities in general. The staff turnover is pretty high. . .I wish there were more staff available so I could really have respite and have a break. It's not that the staff is not willing; it's just that there's not enough of them.

The father of a 17 year old boy who exhibits unpredictable aggressive behavior expressed some dissatisfaction with Sunnyvale's programs. He explained,

For all of these programs we've been talking about, either I have to be there or I have to have a respite worker be there. It would be nice to be able to take him and be able to drop him off at a program that was staffed adequately, and to be able to really, truly get some rest and have the program be able to care of that.

He added, "It would be nice to address the needs of the kids who really require one on one assistance. You don't see that being done." Within Sunnyvale, parents said that they were unable to get respite care themselves or find after school programs for elementary school children with disabilities. Parents agreed that the main barriers to accessing existing services were lack of transportation and hours that were inconvenient to their work schedules.

The parents in this group said they generally find out about services for their children via social workers, churches, the Sunnyvale Activity Guide, and Parents Helping Parents, a family resource center for children with special needs located in Santa Clara. Overall, parents said that it is very difficult to find out about services for disabled children. One parent described her confusion over where to look for information. She said, "Sunnyvale varies. Sometimes the disabled services are in the main booklet and sometimes they are not. I can never figure it out. I don't know if the pamphlet goes to the schools. I've never seen one come home with my son." Another parent echoed this comment, saying, "There's several different mailing lists for the different booklets. Some people get senior stuff, some people get disability stuff, some people get regular adult recreation. It's hard to get on the right mailing list." An older male participant with limited English skills who recently moved to Sunnyvale said he was having an extremely difficult time locating services. He said that he came to the focus group discussion, despite his son being in intensive care, because he was hoping to find out about some resources at the meeting. In response to this man's experiences, the group agreed that the City should do targeted outreach to families with disabled children.

Perceptions of a New Center

Parents were intrigued by the idea of a new resource center. They had several suggestions for services geared to disabled children and their families that a new center could provide. They thought it would be ideal if they could pay to drop off their children for a few hours so they could have some respite or take care of personal business such as medical appointments. They also thought it would be good if the center had a safe place for their children to play, such as "an

enclosed area where you could let your children run around and not worry about them running into the street." Another parent emphasized that this area should not have a fountain, such as the fountain at the Sunnyvale Community Center, because she would worry about her son going in the water. Parents would like the new center to have staff that is trained in handling children with disabilities. They would particularly like it if an aide could accompany disabled children to integrated play groups. One parent explained, "I'd like to have another sports center like CNC where there's some time allotted for our kids, so kids have patience with them and know that this is their special time." Parents also thought it would be good if the center had after school programs for their children with transportation home, computer classes and one on one activities. Parents agreed that a long waiting list was the only thing that might inhibit their use of these services if they were offered. Parents were not too concerned about the location of a new center because they already drive their children to activities outside Sunnyvale. However, one parent thought it would be nice to have the center on the south side of town, since the Columbia Neighborhood Center is located on the north side of town.

Homeless Persons

Program and Service Needs

This focus group was held with homeless persons staying at the temporary shelter located at the National Armory in Sunnyvale. The participants in this group expressed a very high level of need for programs and services. Outside of the temporary shelter run by Emergency Housing Consortium (EHC), participants receive very little assistance from programs within Sunnyvale. One man commented, "At the Senior Center, you can pick up the bus pass and [there's also] the church. That's all Sunnyvale has for homeless." Not every participant was aware of even these services, as evidenced by the group's strong assent to the comment, "Sunnyvale really don't have nothing." The participants also described being harassed by Sunnyvale police for sleeping in parks during the eight months that the Armory shelter is closed.

The participants appreciated Sunnyvale's limited shelter services, but had several suggestions for improvement. The shelter hours are at odds with many of the participants' work schedules. One man explained, "I've been homeless four months now and I work the graveyard shift and when I get off in the morning, this place is closed. I got to ride the buses all day. There should be someplace for a person who's working that they can come and sleep and rest in the day." Another participant agreed, " I just got off work and I'm tired. And I got another job I'm working and I got to get some rest, but the shelters won't let you in. A man might want to shower and lay down a bit." Other participants commented on the need for improving the shower situation at the shelter. One man said, "In this place here, they have a shower, but only in the men's restroom and when the men finish, the women go and there's no hot water and the men got to use the women's bathroom and there's only two stalls." Another added to this sentiment by saying, "In the winter, taking a cold shower is terrible and then you got these thin blankets with holes in them." The mostly male group shared concern for women and children who stay at the shelter. One participant stated, "Some of the women have children and they can't work because they got one or two kids and it's hard for them to sleep and they got to watch their kids.

The shelter should watch the kids so she could get a job." Another participant believes that the shelter should have rules and regulations regarding drug and alcohol use. He explained, "People come in intoxicated and drunk and I don't think they should turn them away, but they should let them know this is a rule and that you can't come in drunk." The participants would like the center to offer a pay phone for their use, mirrors in the bathrooms, and sanitary napkins for women.

When asked about their needs for additional services, the participants said they would like to see affordable housing or a permanent shelter in Sunnyvale because the cost of living in Sunnyvale is too high for them. One participant noted, "Basically, they need a year round shelter. We need a shelter open permanently or cheap affordable housing. You can not afford to live here. I was working two or three jobs just to make my rent. I should be able to have a rent that is something I can afford. [We need] equal housing." The participants also agreed that the shelter should be free. A participant explained, "If we're homeless, why are they charging us to stay in a shelter? Little Orchard is $25 and the other [EHC shelter] is $35[1]. I'm working three jobs and I can't save money. Shelters should be free." Participants without jobs noted that there is a great need for employment services for homeless people. One man commented, "When you don't have ID or your social security or anything, it's impossible [to get a job]. They want us to do these things, but they won't provide us with the things we need to do it." Another participant said that someone should, "help people fill out resumes and get GEDs, [have] some type of job training, and when people get off work, a place they can go lay down." Other ideas for employment services included working with employers to help place people in jobs, providing transportation vouchers and clothing, and giving people pagers or voice mail so employers can get in touch with them. The participants also said they need health care, support groups, legal assistance and a place to store their belongings during the day while looking for jobs. One participant thought it would be good if probation officers did more to connect homeless people with services. He explained,

> *I've been in and out of jail for ten years. Right now, I'm done with all of that. Doing the time is easy but when I get out I have no home, no care, no job and the advice you get from your parole officer is a list of places where you can get something to eat or someplace to sleep. I would venture to say that there are a lot of people on the street who are homeless who are on probation. [It would be good] if someone from the probation department could give you a little more help.*

Another participant had an idea for a program where police officers get to know homeless people. He suggested the City start a program where, "Police officers meet people by name and socialize with them, so they don't have this attitude like we're all the same. We're not all stupid or addicts and maybe it would change their way of thinking about us and vice versa."

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[1]The Emergency Housing Consortium does not charge a fee for emergency shelter. These individual are apparently referring to the transitional housing programs which do charge a fee.

Perceptions of a New Center

The participants would like to see Sunnyvale establish a new resource center that included services for homeless people. They thought it would be helpful if the center had case managers who could make referrals and talk to people about their problems and needs. One participant commented on his current experiences,

> *Most times they say, 'Okay, we can send you to this church,' and they'll give you so much and then the church sends you somewhere else, but nobody really knows how to help you. People want to just go to one or two persons so they can really find out what they can do for themselves. They're tired of eating in churches, digging in garbage cans, and sleeping under bridges.*

Another said, "If you told me there was somewhere I could go and get advice and I could expect to go there and talk to someone who really knows what could help me, that would help. Right now, there's no one who really knows." In discussing the services a new center could offer, the participants underscored their previous comments on the need for employment services. One man remarked on his need for computer and other types of job training. He said,

> *I need skills. I'm illiterate. I want to go back to school. [It would be good if there was] some place where I could take classes and then I could pay after I finished. Since I'm homeless, I've been wanting to go back to school. I'm only forty. I can still work. I need the work. I got to take care of me and my wife. I need schooling. I want to work.*

The participants thought it would be ideal if they could collect their mail at a new center. The only criteria for location of a new center the group agreed upon was that it be accessible by public transportation.

Spanish-speaking Clients of Sunnyvale Community Services

Program and Service Needs

The participants in this group said that they use transportation services, emergency financial assistance, the food bank, and clothing vouchers provided by Sunnyvale Community Services. Some participants attend activities and classes at the Sunnyvale Community Center and the Columbia Neighborhood Center. One participant reported that her son uses the health care services at Columbia Neighborhood Center. The participants reported a high level of unmet need in the areas of employment services, child care, health care, and after school programs for their children. They also discussed significant barriers to accessing needed services.

The participants expressed difficulty trying to find out about available services because of language barriers. A participant needing English and other classes was unable to locate them because of the very fact that she did not speak English. She described her experiences: "When I first came to the Center, [someone] gave me some numbers to call [regarding English classes], but all of the answering machines that answered were in English. I would like to know where to take English, or maybe computer classes, to get more work skills." When one participant who received the Activities Guide at home reported she "didn't really use it because I didn't know what it was about," another participant commented, "It would be a good idea to have this booklet in Spanish." Language barriers are particularly serious for people who recently moved to Sunnyvale. One woman described her experiences:

> *I didn't know about services, because I needed to know English. I lived in Fresno before and when we got here, I thought about going back. The rents are high, and we didn't have friends, we didn't know anyone or have a car to be mobile, to get to know the town or the people. When you first arrive, it's hard to find out about services.*

One participant summed up this problem when she said, "There are many services, but it's a question of communication."

Even when participants were able to locate resources to assist them, they were often unable to use them because they lacked the required documentation. One participant described her experiences trying to get food assistance when she first moved to Sunnyvale:

> *I didn't sign up for food service because we were living in the apartment with my friend and [they] required us to prove that we lived in Sunnyvale. The apartment wasn't in our name and since we had just arrived we didn't have a bill or anything yet to prove that we lived in Sunnyvale.*

One participant had difficulty signing up for MediCal even though her family had received it in Fresno because, "Our apartment was robbed and we lost all of those papers so we didn't have proof." Another participant described her experience trying to get employment

services. She observed, "The places I have contacted haven't been able to help me because I don't have papers [i.e., a green card]." Another participant who attended an information session about NOVA PIC learned that employers could be "flexible" regarding working papers, but she still couldn't get help from them. She explained, "The problem at NOVA is that they don't speak Spanish."

The cost of services is also very prohibitive for participants in this group, particularly in the areas of health care and child care. A participant described the problems she encountered trying to get health care for her daughter:

> *I take my kids – they have MediCal – to Planned Parenthood, but they couldn't see my daughter because it was an emergency, so they sent me to another clinic, but they couldn't see her either, because she was vomiting blood and it was too serious. I had to take her to the hospital emergency room and it was a little difficult because I don't have a car, so I had to take her on the bus. The hospital sent me a bill for $1,000, but there is no way we can pay it.*

The cost of living combined with health care expenses was also a strong burden for another participant and her family. She explained,

> *It's really difficult to pay $1,000 in rent with just one steady job and then there are bills for electricity and phone. Sometimes it doesn't seem worth it to work just to barely pay the rent. My husband has a heart condition. . . Since we've moved here, he hasn't been to one checkup because we don't know of any [low cost or free] clinics that will see him.*

Regarding the cost of child care, another participant remarked, "If I found childcare for my daughter it would be very expensive. . .it's all of your earnings and more."

Perceptions of a New Center

When asked to name services they would use most if a new resource center were established, participants in this group listed a health clinic for adults and children, a gymnasium, parenting classes, and social workers. They agreed that these services would have to be available in Spanish if they were to use them. The only participant who said she would not utilize the services of a new resource center was a woman who was already receiving services through Columbia Neighborhood Center. Regarding location, one participant thought it would be good if the new center were located in the area near Sunnyvale Community Services. The participants agreed that the best way to publicize the new center's services was by advertising them on commercials during "telenovelas" or in a Spanish language Activity Guide, posting flyers in the community, and having an informational kiosk in the mall.

English-speaking Clients of Sunnyvale Community Services

Program and Service Needs

The participants in this group reported that they primarily access the food bank, emergency financial assistance, clothing and furniture assistance, and prescription assistance through Sunnyvale Community Services. They also reported a high level of need for health care and child care services.

The participants in this group reported difficulties accessing available services because of ineligibility. A participant who works as an apartment manager explained her problems with getting aid:

> I'm one of those people that are in between. I don't make enough to live off of and I don't qualify for anything. So your phone gets turned off and all of your credit cards and all that goes to collections and nobody can help you because, "You make too much," or, "What you're doing isn't considered income because it's a trade but we need you to actually draw income," so I'm in a weird situation that no one wants to deal with.

Another participant described her experiences with MediCal. She explained,

> They took me off of MediCal because I get too much money. I get money from child support. It's not really income, but it is income because it's cash that I get, so it's a big joke. Cash assistance carries childcare assistance and I got on all the different waiting lists for all the different childcare subsidy programs and they never once called me. When I got on CalWORKs, they never once called me. CalWORKs was paying for it, and then as soon as they say your cash aid stops, everything else stops. Food stamps stop. Medical and childcare assistance stop. You can't go to the Career Closet anymore if you need clothes.

Ineligibility for aid affects participants' ability to obtain necessary health services for their families. One participant explained, "My youngest has epilepsy and I want to carry that over and make their father pay for that, and they won't do it because it's a pre-existing condition. But I don't qualify for MediCal now." Another commented, "I have medical problems now – cervical cancer. And I can't take care of my children and get treatment. And of course I'd have to get a second opinion to get qualified for MediCal to cover this condition, which they might not even cover." Another participant was worried about combining medications, but felt there was no place to turn for help. She remarked,

> Right now I have arthritis and I don't have insurance or anything. I just take my aspirin and take my joint pills. And I have asthma and sometimes I wonder if that's giving me asthma, because you're not supposed to be taking just anything. I mean, if you can't afford it, how are you going to know?

The participants reported difficulty paying for child care, particularly given the high cost of living in Sunnyvale. A single mother explained, "The lowest child care that I can find for my two children – after school care for him and full time for the other – is $1,300 a month. And to rent a place around here, even if I only had to pay $1,000 a month, I wouldn't be able to do anything but turn over my check and pay my taxes." Another participant described working a graveyard shift because she could not afford day care for her children. One mother felt her difficulties were compounded by the fact that she has a disabled daughter. She said, "For me, childcare is double because my daughter has special needs. I can't work. My daughter goes to preschool. We don't qualify for anything because my husband makes too much money, but we don't have enough for child care."

Perceptions of a New Center

The participants in this group had a positive reaction to the possible establishment of a new resource center. They thought it would be ideal if the center had free or low cost health and child care services. The participants also agreed that it would be good if the center could put them in touch with other services they need. One participant commented on the need for a good referral system. She said,

> There is no assistance for people who need assistance. I literally have a binder that is sectioned for housing, cash assistance, for PG&E. No one has sat there and said, "Call these people." It's only when they are going to turn [the electricity] off that they tell you, "OK, try Salvation Army. Try this, because we can't help you any more."A lot of the stuff they have around here, if you don't ask about them, you don't know.

The participants had several suggestions for publicizing available services, including advertising on television, posting flyers, having a toll free information service, and giving Sunnyvale Community Services clients informational packets.

HOUSEHOLD SURVEY FINDINGS

This section presents findings from a survey of Sunnyvale residents, which elicited information from a cross-section of community members regarding a number of issues, including priority needs for programs and services and how Sunnyvale residents access information about needed services. Information that is not readily available from secondary data sources was also collected, particularly access to health insurance and home computer ownership. This section is designed to offer insight regarding the overall well-being of children and adults in Sunnyvale, and to identify specific populations requiring particular attention with respect to the improved provision of services.

Methodology

A total of 502 Sunnyvale households participated in this survey, which was administered by telephone on a random digit dial basis. The purpose of using a random digit dial methodology was to ensure a completely representative sample of all Sunnyvale residents.[2] The survey respondents comprise a representative cross-section of all Sunnyvale residents, in terms of geographic location within the city as well as demographic characteristics.

The secondary data findings are presented according to Sunnyvale's three main zip codes (94086, 94087 and 94089). However, the household survey offered an excellent opportunity to identify trends and patterns in the need for services at a smaller, more "neighborhood" level than zip code. The survey respondents were therefore asked to specify the nearest park or school to which they live. Based on that information, they were clustered into six neighborhoods or "zones" (see Appendix A for a map depicting the division of Sunnyvale into zones for the purposes of this analysis), based on similar socioeconomic and demographic characteristics. Most of the geographic analysis in this section is defined by zone.

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[2] Mail surveys are less representative because the respondents are "self-selected," that is, only people with a specific interest respond. That introduces an element of statistical bias into the results, making it less representative of the entire population, thereby reducing the ability to generalize about the findings from the sample to the larger population.

Exhibit 1. Number and Percent of Respondents, by Zone		
	Number	**Percent**
Zone 1	24	4.8%
Zone 2	76	15.1%
Zone 3	82	16.3%
Zone 4	38	7.6%
Zone 5	115	22.9%
Zone 6	56	11.2%
No zone specified[3]	111	22.1%
Total	**502**	**100.0%**

Household Survey Respondent Characteristics

Family Structure

- Thirty-four percent of the households surveyed report children under the age of 18. The average number of children per household is 1.7, with a minimum of 1 and a maximum of 4. Zone 2 reports the highest mean number of children (1.9), while zone 1 has the lowest (1.3).

- Zone 1 has the highest proportion (41.7%) of households with children under the age of 18, while zone 3 has the fewest households (28.0%) with children under the age of 18.

- Zones 1 and 6 report the highest rate of single parent households – 30% and 20% respectively.

Mobility

- The survey respondents have been at their current residence for an average of 13 years.

- Zone 2 has the highest rate of mobility, with 27.6% of respondents who have been at their current residence for under two years. Conversely, zone 4 has the lowest proportion of residents who have been at their current residence for under two years (10.5%).

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[3] Unfortunately, a large number of respondents were unwilling or unable to identify the nearest school or park to which they live. While this reduced the sample size significantly, the overall sample is still large enough for the survey findings to be statistically significant and subsequently applicable to the entire population.

Income

- Fourteen percent of all respondents report household incomes under $25,000 per year, 22% earn between $25,000- $50,000 a year, 22% earn between $50,000-$75,000 per year, and 18% report earnings between $75,000-$100,000. Nearly one fourth of all respondents (23.9%) report yearly household incomes of over $100,000.

- Zone 2 reports the highest percentage of respondents with household incomes under $25,000 (19.1%), while zone 4 has the largest proportion (42.4%) of respondents with household incomes of over $100,000.

Computer and Internet Access

- The majority of survey respondents (82.4%) have computers at home. Ninety-one percent of those with computers, representing 75% of all Sunnyvale residents, report Internet access from their homes.

- Zones 2 and 3 report the lowest rates of computer ownership – nearly one-fourth of households in each area do not own computers. Conversely, the highest rates of home computer ownership are in zone 4, where 95% residents have computers.

Priority Needs for Services

This section presents an analysis of resident access to services, such as child care, programs and activities for youth and health insurance. As this section reveals, there are a number of discrepancies between Sunnyvale residents, based on place of residence within Sunnyvale and other demographic characteristics.

Access to Child Care

Nearly one-forth (24%) of all parents reported difficulties getting quality, affordable child care during the past year. Of those, 56% reported difficulty getting care for preschool age children, 30% for school age children and 15% for both pre-school and school age children. Parents in zone 2 report the highest rate of difficulties obtaining child care (50%), while residents of zones 5 and 6 report the fewest difficulties (7%). Cost is another barrier. Twenty-one percent of households earning under $50,000 experienced difficulties, compared to 17% of households earning $50,000 or more. Difficulty obtaining child care did not vary significantly by other factors, such as ethnicity or single- or two-parent households.

Of those reporting difficulties obtaining child care, over half (52%) indicated that cost is a barrier, while over one-third (37%) report lack of quality child care in the area as a barrier. Residents in zone 2 report twice as many barriers to accessing child care (2.2 barriers) than other respondents, who reported a mean of 1.1 barriers. Additionally, more residents of zone 2 report cost (67%), lack of quality child care (67%), and distance (33%) as barriers than others. Those

are in fact the only respondents to report distance as a barrier to obtaining child care. The following table presents a breakdown of barriers to child care (percentages add up to over 100% due to multiple barriers cited by some respondents).

Barrier to Obtaining Child Care	Percent	Number of Respondents
Exhibit 2. Barriers to Obtaining Child Care		
Cost	52%	14
Lack of quality child care in area	37%	10
Long wait list	22%	6
Problems getting babysitters	19%	5
Distance	11%	3
Safety concerns	7%	2

Programs and Activities for Children

Another area that the survey elicited information on is programming for children. Overall, 59% of respondents with children report that there are not enough programs for children during at least one of the following times: after school, on weekends and during vacations. The majority of respondents (42%) feel there are not enough programs and activities for children on weekends, 30% report there are not enough programs during school breaks and vacations and 28% cite a lack of programs for children during non-school hours during the week. As the following table reveals, the greatest need for additional children's programming is found in zones 3 and 1.

Exhibit 3. Respondents Reporting Lack of Children's Programs, by Zone

	% of parents reporting not enough activities during non-school hours		% of parents reporting not enough activities on weekends		% of parents reporting not enough activities during school breaks/ vacation	
	#	%	#	%	#	%
Zone 1	2	33.3%	4	57.1%	3	37.5%
Zone 2	6	28.6%	8	38.1%	4	18.2%
Zone 3	5	31.3%	10	62.5%	7	46.7%
Zone 4	2	22.2%	4	40.0%	3	33.3%
Zone 5	4	13.8%	4	14.3%	4	14.3%
Zone 6	5	27.8%	2	12.5%	3	20.0%
All Zones	24	24.2%	32	32.7%	24	24.7%

Access to Health Insurance

Over two-thirds of respondents (69%) report that all members of their household have health insurance coverage, through private insurance, MediCal/Medicaid, Healthy Start or other types of coverage. However, over one-fourth of respondents (29%) report that some, but not all members of their household have health insurance coverage, while 4% of respondents report that no one in their household has any type of health insurance coverage. As seen in the following exhibit, zones 2 and 6 have the lowest rates of health insurance coverage for all household members, while zones 1 and 4 report the highest rates of coverage for all household members.

Exhibit 4. Health Insurance Coverage, by Zone

	All Members Covered by Health Insurance		Some Members Covered by Health Insurance		No One Covered by Health Insurance		Total	
	#	% of zone	#	% of zone	#	% of zone	#	% of zone
Zone 1	17	73.9%	6	26.1%	0	0.0%	23	100.0%
Zone 2	49	65.3%	22	29.4%	4	5.3%	75	100.0%
Zone 3	57	70.4%	23	28.4%	1	1.2%	81	100.0%
Zone 4	27	73.0%	9	24.3%	1	2.7%	37	100.0%
Zone 5	81	71.0%	28	24.6%	5	4.4%	114	100.0%
Zone 6	36	64.3%	18	32.1%	2	3.6%	56	100.0%
Total	267	69.2%	106	27.5%	13	3.7%	386	100.0%

Additionally, 11% percent of Sunnyvale households report no health coverage for their children. Zones 3 reports the highest percentage of families with uninsured children (22%), followed by zone 2 (15%). Many of the uninsured children may live in immigrant households: zone 3 has a high percentage of immigrant families, 29% of Latino families report uninsured children and 18% of respondents who speak a language other than English at home report uninsured children, compared with 10% of native English speakers.[4]

Exhibit 5. Uninsured Children, by Zone

	Number of Households Reporting Uninsured Children	Percent of Children in Zone with no Health Coverage
Zone 1	0	0.0%
Zone 2	4	14.8%
Zone 3	5	21.7%
Zone 4	0	0.0%
Zone 5	4	9.8%
Zone 6	2	10.0%
Total	15	11.2%

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[4] Given the highly sensitive nature of immigration status, that question was not included in the survey. Language and ethnicity were used as approximate measures of immigrant status.

Overview of Priority Needs of Sunnyvale Residents

The following exhibit summarizes priority needs of Sunnyvale residents by zone. As the table reveals, the primary needs that residents report are increased access to quality and affordable child care and increased programs for children after school, on weekends and during vacations. Access to health care is also inadequate for approximately one-third of Sunnyvale families. Zones 2 and 3 report the highest level of need (shaded areas represent areas of greatest need).

Exhibit 6: Overview of Needs by Zone							
Area of Need	**Zone 1**	**Zone 2**	**Zone 3**	**Zone 4**	**Zone 5**	**Zone 6**	**Total**
Difficulties accessing child care	11%	**50%**	25%	33%	7%	7%	24%
Not enough after school programs	**33%**	29%	**31%**	22%	14%	28%	24%
Not enough weekend programs	57%	38%	**63%**	40%	14%	13%	34%
Not enough vacation programs	38%	18%	**47%**	33%	14%	20%	23%
Health care (not everyone covered)	26%	**35%**	30%	27%	29%	**36%**	32%
Health care (no one covered)	0%	**5%**	1%	3%	**4%**	**4%**	3%
Uninsured children	0%	15%	**22%**	0%	10%	10%	11%
Difficulties accessing services (all residents)	4%	**12%**	6%	8%	5%	4%	6%
Difficulties accessing services (parents)	0%	**22%**	17%	15%	5%	5%	11%
Interest in adult employment training	13%	**16%**	11%	13%	7%	7%	12%
Interest in youth employment training	**4%**	0%	1%	3%	3%	2%	1%
English not main language at home	10%	**17%**	9%	**19%**	7%	6%	11%
% of households < $50K	39%	**46%**	**48%**	18%	25%	33%	29%
% of single parent households	**30%**	15%	17%	15%	17%	**20%**	19%
% of households with no computer	17%	**24%**	**24%**	5%	16%	13%	17%
% reporting children very or somewhat affected by drugs, alcohol and gangs.	10%	**33%**	22%	15%	12%	10%	16%

Access to Information About Programs and Services

The survey also elicited information about Sunnyvale residents' access to information about recreational programs, social services and other services that are available in Sunnyvale. Sixty percent of the respondents report they have enough information about needed programs and services, 7% stated that they have "somewhat" enough information, 23% felt they did not have enough information while 10% were unsure.

The respondents were also asked how they find out about programs and services they need. The majority (75%) of respondents get that information from traditional media, such as newspapers, newsletters, brochures, TV and radio, followed by word of mouth (26%) and the Internet (21%).

Exhibit 7. Sources of Information about Programs and Services		
Source of Information	**Number**	**Percent***
Newspapers, newsletters, brochures, TV or radio	289	74.6%
Word of mouth	100	25.8%
Internet	83	21.4%
Yellow Pages	44	11.4%
Library	29	7.5%
Information sent from school	24	6.2%
Social service agencies	24	6.2%
Sunnyvale Community Center	18	4.6%
Information and referral hotlines	13	3.6%
Church or other religious institution	8	2.1%

*Percents add up to over 100% due to multiple responses

Differences in Access to Information

There are several differences in how residents obtain information about programs and services in Sunnyvale. Newspapers, newsletters, brochures, TV and radio were the information sources cited most frequently by all respondents. However, other sources of information about services varied according to where residents live within Sunnyvale, household income levels and race/ethnicity.

Zone

▸ Zone 1 reports the highest proportion (37.5%) of respondents who obtain information through word of mouth, and through the Yellow Pages (16.7%). None of the respondents reported obtaining information through the Internet.

▸ Zone 2 respondents were more likely to obtain information through information sent from school (10.7%) and from the Sunnyvale Community Center (9.2%) than residents in other areas of the City.

▸ Zone 4 had the highest rate of respondents obtaining information through the library (15.8%) and social service agencies (10.5%).

▸ Following newspapers, newsletters, brochures, TV and radio, the most common sources of information about services for zone 5 residents were word of mouth (23.7%) and Internet (23.7%).

▸ Zone 6 reports the highest proportion of residents obtaining information about programs and services in Sunnyvale through the Internet (26.8%).

Household Income

▸ Five percent of households reporting incomes under $25,000 a year access information via the Internet, compared with 36% of households with incomes over $100,000 a year.

▸ Lower income households (<$25,000) are more likely to obtain information through word of mouth (31%) than other income levels. Conversely, 13% of households earning over $100,000 a year obtain information by word of mouth.

Race/Ethnicity

▸ Following newspapers, newsletters, brochures, TV and radio, the most common sources of information about services among Latino respondents are word of mouth (30%), Yellow Pages (20%) and Internet (17%).

▸ Asian/Pacific Islanders reported getting information from the Internet (38%), word of mouth (23%) and the library (13%).

▸ White respondents cited word of mouth (25%), the Internet (18%) and the Yellow Pages (18%) as the most common sources of information about services following traditional media sources.

Barriers to Accessing Services

The survey also elicited information about the extent to which Sunnyvale residents have experienced difficulties obtaining needed services such as health care, legal assistance, counseling or other human services within Sunnyvale during the past year. A small number of respondents (6.4%, n=32) reported difficulties obtaining services they or their family needed in Sunnyvale.

The most common barrier reported was that the service is unavailable in Sunnyvale (38%, n=12); other barriers were cost, ineligibility for the service, difficulty in finding out about services, and long wait lists for the services they needed.

The main services respondents had difficulties accessing are health care (n=5), legal services (n=5), housing assistance (n=4), and educational assistance (n=3). Three respondents who had difficulty accessing health care within Sunnyvale got the assistance they needed outside of the City. The same was true for those who reported difficulty in obtaining legal services. Respondents reporting difficulties obtaining housing assistance and educational assistance did not receive the help they needed outside of Sunnyvale.

Characteristics of Residents Reporting Difficulties Accessing Services

Almost three times as many households with children under the age of 18 (11.0%) reported difficulties accessing needed services than households without children (4.3%). Households with a higher number of children reported greater difficulties in accessing needed services. For example, 9.0% of households with one or two children reported difficulties accessing services, as compared to 23.8% of households with three or four children (none of the households reported more than four children). Single parents also reported more difficulties receiving needed services. Specifically, 20.7% of single-parent households reported difficulties obtaining services, compared with 8.8% percent of two-parent households.

Interest in Employment Training

The survey elicited specific information about interest in employment training and placement services for adults and teens. Seventy households, representing 14% of the survey respondents report interest in this. Of households interested in employment training services, the majority (84.3%) are interested in employment training for adults, while 10.0% would like employment training for teens and 5.7% are interested in employment training for both adults and teens. The low interest in employment training for teens runs somewhat counter to findings from focus groups with teens and their parents, who indicate higher interest in employment training and placement programs for youth.

Perceptions of Youth Safety

Sunnyvale residents report an overall high perception of children's exposure to drugs, alcohol and gangs. Almost half (47%) of all respondents believe that children in their neighborhood are "not at all" affected by those issues, while 26% think they are "a little" affected. Conversely, 7% of respondents believe children in their neighborhood are "very much" affected by drugs, alcohol and gangs and 11% feel they are "somewhat" affected.

Residents of zone 2 report the highest concern about those issues; 33% feel that children in their neighborhood are "very much" or "somewhat" affected by drugs, alcohol or gangs. That is followed by zone 3, where 22% of respondents feel that way. Conversely, zone 1 and zone 5 have the highest proportion of respondents (60% and 59% respectively) who feel that children in their neighborhood are "not at all" affected by drugs, alcohol or gangs.

Perceptions of the Columbia Neighborhood Center

Overall, 24.5% of all survey respondents have heard of the Columbia Neighborhood Center (CNC). Not surprisingly, the CNC is most familiar to residents of zone 2, where 55% of residents have heard of the center, followed by zone 1, where 50% of respondents are familiar with the CNC. Awareness of the CNC drops considerably in other zones: (32% of respondents in zone 4 have heard of the CNC, which is true for 21% of those in zone 6, 19% of those in zone 5 and 175 of respondents in zone 3).

However, significantly more households with children (32.5%) have heard of the CNC than households with no children (21.5%). Of respondents with children, zone 2 reports the highest awareness of the CNC, with approximately three-fourths (74%) of respondents having heard of the CNC, followed by almost half (46%) of parents in zone 4.

There is a similar pattern with respect to use of the CNC. Overall, 5.9% of all households have used the facility and 23.7% of households *that have heard of the CNC* have used the center. However, whereas 14.3% of households with children have used the center, that is true for only 2.0% of households without children.

Respondents report a high rate of satisfaction with the CNC. Of those that have used the facility, the overwhelming majority (82.8%) report being "very satisfied" with the services they received, 10.3% were "somewhat satisfied," 3.4% were "not very satisfied" and 3.4% were "not sure."

SECONDARY DATA INDICATOR FINDINGS

This section presents a series of indicators from secondary data sources, that provide an overview of Sunnyvale's population, in terms of demographic composition, economic well-being, health, education, housing and community safety. The indicators are presented for each of Sunnyvale's three zip codes: 94086, 94087 and 94089. For ease of analysis, the indicators are grouped in terms of geographic location in Sunnyvale; the northern part of the city is represented by zip codes 94086 and 94089 while the southern part of Sunnyvale is represented by zip code 94087. When relevant and available, indicators for Santa Clara County are presented as well, to indicate how Sunnyvale is doing in comparison with the rest of the County.

The indicators presented in this report show that in general, Sunnyvale residents are well-educated and economically secure. Other studies have shown similar results; the March 2000 issue of the *Ladies Home Journal* reported in that 28% of Sunnyvale residents over the age of twenty-five had college degrees, making the Sunnyvale the "eighth smartest city" in the U.S. However, as Sunnyvale residents are aware, and as the data confirm, there are serious discrepancies among Sunnyvale's residents in terms of many indicators of well-being. This report presents a picture of health and well-being for Sunnyvale as a whole, and highlights differences between the different parts of the city.

Methodology

The data presented in this section were derived from a variety of sources. Population and demographic data were derived from Claritas Data, Inc., which provides 1990 data, 1999 estimates and year 2004 projections for a series of population, income and housing indicators by zip code. Additional indicators were obtained directly from the 1990 United States Census as well as a variety of other sources, including the California Department of Finance, the California Department of Education, the California Department of Health Services, the California Department of Employment Development the California Department of Justice, the Community Child Care Council of Santa Clara County, and the California Child Care Resource & Referral Network. Since the purpose of this indicator report is to identify areas of need within the City of Sunnyvale, indicators not broken down by zip code have for the most part not been included in this section.

Demographic Characteristics

Population

With an estimated 1999 population of 126,232, Sunnyvale, which represents 7.6% of Santa Clara County's total population, is the second largest city in the County. Sunnyvale's population grew by 11% between 1990 and 1999, which is comparable to Santa Clara County (12%). A projected population growth rate of 6% between 1999 and 2004 is roughly the same as Santa Clara County. Within the City of Sunnyvale, population growth between 1990-1999 was highest in zip code 94089 (16.1%) and lowest in 94087 (8.1%). Almost half (48.0%) of Sunnyvale's population resides in the 94086 zip code, 40.2% live in the 94087 zip and 11.8% are in the 94089 area.

Exhibit 8. Sunnyvale, Population Estimations, 1990-2004					
Zip Code	**1990**	**1999**	**2004**	**% Change 1990-1999**	**% Change 1999-2004**
North Sunnyvale					
94086	53,999	60,570	64,320	12.2%	6.2%
94089	12,867	14,942	16,042	16.1%	7.4%
South Sunnyvale					
94087	46,941	50,720	53,191	8.1%	4.9%
Sunnyvale	113,807	126,232	133,553	10.9%	5.8%
Santa Clara County	1,489,195	1,661,382	1,761,371	11.6%	6.2%

Source: Claritas Healthcare Solution Zip Code Data

Age

The average age of all Sunnyvale residents is approximately 40 years. Zip code 94086 has the youngest population, with a mean age of 35.6 years, followed by zip code 94087, with a mean age of 39.2 years. The oldest population is found in zip 94089, where the average age is 43.2 years.

A similar pattern follows regarding the senior population. Zip 94086 has the lowest percentage of adults over the age of 65 (9.4%), representing 5,696 individuals. That is followed by 94087, with 7,000 seniors, or 13.8% of the population. Zip 94089 has the largest proportion of older adults, with 21.2%, representing 3,164 individuals.

Exhibit 9. Population by Selected Age Groups, Sunnyvale, 1999

	North Sunnyvale 94086		North Sunnyvale 94089		South Sunnyvale 94087		All Sunnyvale	
	N	% of Zip Code	N	% of Zip Code	N	% of Zip Code	N	% of City
Children								
Under 1 year	792	1.3%	161	1.0%	553	1.1%	1,506	1.2%
1-2	1,578	2.5%	306	2.0%	1,132	2.2%	3,016	2.3%
3-4	1,565	2.5%	310	2.0%	1,137	2.2%	3,011	2.3%
5-9	4,174	6.6%	804	5.1%	3,044	6.0%	8,022	6.2%
10-14	3,722	5.9%	750	4.8%	2,978	5.9%	7,450	5.8%
15-17	1,653	2.6%	405	2.6%	1,416	2.8%	3,474	2.7%
Adults								
18-20	1,345	2.1%	316	2.0%	1,248	2.5%	2,909	2.3%
21-24	2,741	4.4%	494	3.2%	1,974	3.9%	5,209	4.0%
25-34	4,302	22.8%	2,311	14.8%	7,997	15.8%	24,609	19.0%
35-44	12,516	19.9%	2,616	16.7%	9,199	18.1%	24,331	18.8%
45-54	8,047	12.8%	1,928	12.3%	7,631	15.0%	17,606	13.6%
55-64	4,558	7.3%	1,820	11.6%	5,470	10.8%	11,847	9.2%
65-74	3,225	5.1%	1,917	12.3%	4,079	8.0%	9,221	7.1%
75-84	1,961	3.1%	1,194	7.6%	2,233	4.4%	5,388	4.2%
85+	685	1.1%	305	2.0%	660	1.3%	1,650	1.3%
TOTAL	62,864	100.0%	15,636	100.0%	50,750	100.0%	129,250	100.0%

Source: Claritas Healthcare Solution Zip Code Data.

There are 26,479 children under the age of 18 in Sunnyvale, representing 21% of the total population. As the following table reveals, 7,533 children are between the ages 0-4 in the City of Sunnyvale, representing 28% of the youth population and 5.8% of the total population.

The highest concentration of children is found in zip code 94086, which accounts for 51% of all Sunnyvale's children. While the percentage of children in the 0-4 and 5-14 age groups in higher in zip 94086, the number and percentage of children in the 15-17 age range is comparable for the 94086 and 94087 zip codes.

Exhibit 10. Youth Population by Selected Age Groups, City of Sunnyvale, 1999

	North Sunnyvale 94086		North Sunnyvale 94089		South Sunnyvale 94087		All Sunnyvale	
Ages	N	% of Zip Code	N	% of Zip Code	N	% of Zip Code	N	% of City
0-4	3,935	6.3%	777	5.0%	2,821	5.6%	7,533	5.8%
5-14	7,896	12.5%	1,554	9.9%	6,022	11.9%	15,472	12.0%
15-17	1,653	2.6%	405	2.6%	1,416	2.8%	3,474	2.7%
Total	13,484	21.4%	2,736	17.5%	10,259	20.3%	26,479	20.5%

Source: Claritas Healthcare Solution Zip Code Data.

Race/Ethnicity

Sunnyvale's population is approximately half white, one fourth Asian/Pacific Islander, 16% Latino and 3% African-American. The greatest concentration of non-whites is found in North Sunnyvale. Latinos are concentrated in North Sunnyvale, where they represent over 20% of the population. While they are also more concentrated in North Sunnyvale, Asian/Pacific Islanders are more even distributed throughout the city.

Exhibit 11. Race/Ethnicity Distribution by Zip Code, 1999							
	White	**Latino**	**Asian/Pacific Islander**	**African American**	**American Indian**	**Other**	**Total**
North Sunnyvale							
94086	50.3%	20.8%	24.3%	4.1%	0.3%	0.2%	100.0%
94089	47.2%	20.3%	29.0%	2.9%	0.4%	0.2%	100.0%
South Sunnyvale							
94087	66.1%	10.2%	21.2%	2.2%	0.2%	0.1%	100.0%
Total Sunnyvale	56.3%	16.4%	23.6%	3.2%	0.3%	0.2%	100.0%
Total Santa Clara County	48.9%	27.0%	20.3%	3.3%	0.3%	0.2%	100.0%

Source: Claritas Healthcare Solution Zip Code Data.

Limited English Speakers

According to the most recent figures available from the 1990 U.S. Census, 4.3% of Sunnyvale's population, representing nearly 5,000 people, were Limited English Speakers (LEP).[5] Over half (55.6%) of Sunnyvale's LEP population is Asian/Pacific Islander, while 33.8% are Spanish speakers. The largest concentration of LEP speakers (5.5%) resides in zip 94086.

Exhibit 12. Number and Percent of People Over Age Five Who Speak English "Not Well" or "Not at All" by Primary Language Spoken At Home, Sunnyvale, 1990

	Spanish		Asian/Pacific Islander		Other		All LEP Speakers	
	#	%	#	%	#	%	#	%
North Sunnyvale								
94086	1,218	2.3%	1,546	3.0%	220	0.4%	2984	5.5%
94089	182	1.4%	213	1.7%	23	0.1%	418	3.2%
South Sunnyvale								
94087	270	0.6%	990	2.2%	283	0.6%	1543	3.3%
Sunnyvale Total	1,670	1.4%	2,749	2.4%	526	0.5%	4,945	4.3%
Santa Clara County	45,862	3.3%	39,493	2.8%	8,789	0.6%	94,144	6.7%

Source: 1990 U.S. Census

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[5] These figures should be viewed with some caution, as they are subjective measures based on individual self-reports of census respondents' ability to speak English.

Household Structure

The U.S. Census defines a "family" as a householder and one or more persons living in the same household who are related to the householder by birth, marriage, or adoption. All persons in a household who are related to the householder are regarded as member of the same family. As seen, the number of families in Sunnyvale increased by 8% between 1990-1999, or almost the same rate as Santa Clara County. However, the number of families living in zip 94089 increased by 13% during that period, over twice as fast as zip 94087.

	1990	1999 estimate	% Change 1990-1999	2004 estimate	% Change 1999-2004
Exhibit 13. Number of Families, Sunnyvale, 1990, 1999 and 2004 Estimates					
North Sunnyvale					
94086	12,758	13,904	9.0%	14,612	5.1%
94089	3,168	3,586	13.2%	3,817	6.4%
South Sunnyvale					
94087	12,586	13,341	6.0%	13,877	4.0%
Sunnyvale	28,512	30,831	8.1%	32,306	4.8%
Santa Clara County	356,981	389,731	9.2%	409,903	5.2%

Source: Claritas Healthcare Solution Zip Code Data.

Approximately one-third (33.8%) of all households in Sunnyvale have children under the age of 18. Of households with children, 81.1% consist of married couples. That figure is highest in the 94089 zip code (87.6%) and lowest in 94086 (75.6%). Conversely, 18.9% of households with children are headed by a single parent – 14.2% by a female and 4.7% by a male head of household. The percentage of single parent households is greatest in the 94086 zip code (24.4%) and lowest in the 94089 zip (12.4%).

	Married Couples with Children		Single Parents, Female Head of Household		Single Parents, Male Head of Household		Total	
Zip Code	#	%	#	%	#	%	#	%
North Sunnyvale								
94086	5,868	75.6%	1,435	18.5%	454	5.9%	7,757	100.0%
94089	1,964	87.6%	201	9.0%	78	3.4%	2,243	100.0%
South Sunnyvale								
94087	6,462	84.7%	868	11.4%	297	3.9%	7,627	100.0%
Sunnyvale Total	14,294	81.1%	2,504	14.2%	829	4.7%	17,627	100.0%

Exhibit 14. Married Couples with Children and Single Parent Households, Sunnyvale, 1999

Source: Claritas Healthcare Solution Zip Code Data.

Housing Status

According to the most recent data available from the 1990 U.S. Census, approximately half of Sunnyvale's 47,357 housing units were owner-occupied, while half were rentals. However, rates of ownership vary widely within the city. Zip code 94089 shows the highest rates of ownership, with 74% of the units owner-occupied, followed by zip 94087, where 59% of all units were owner-occupied. Conversely, zip 94086 shows a much lower rate of home ownership, with only 35% of housing units owner-occupied and 65% renter-occupied.

	Owner-Occupied Housing Units		Renter-Occupied Housing Units		Sunnyvale	
Zip code	#	% within zip code	#	% within zip code	#	%
North Sunnyvale						
94086	8,052	34.6%	15,250	65.4%	23,302	100.0%
94089	3,887	74.2%	1,349	25.8%	5,236	100.0%
South Sunnyvale						
94087	11,069	58.8%	7,750	41.2%	18,819	100.0%
Total	23,008	48.6%	24,349	51.4%	47,357	100.0%

Exhibit 15. Owner and Renter-Occupied Housing Units, Sunnyvale, 1990

Source: 1990 U.S. Census

Housing Affordability

With rising home prices throughout the Bay Area, it is becoming increasingly difficult to purchase a home. According to the California Association of Realtors (CAR), the median price of a single family home in Sunnyvale was $415,000, in February 2000. According to the CAR method of calculating housing affordability, the minimum income required to purchase a median priced home is $112,401 per year. Currently, 67.4% of all Sunnyvale households earn less than $100,000 per year. When broken down by zip code, approximately 88% of households in the 94089 zip code cannot currently afford to purchase a home, which is the case for 84% in the 94086 zip and 70% in the 94087 zip code.[6]

Mobility

Sunnyvale's population is fairly mobile. Over one fourth (28%) of all households have been at their current residence for one year or less, while 59% have been at their current residence for five years or less. Mobility is highest in the 94086 zip code, where 35% of all households have been at their current residence for one year or less.

Exhibit 16. Number of Years at Current Residence, Sunnyvale, 1999								
	North Sunnyvale				South Sunnyvale		All Households	
	94089		94086		94087			
	#	%	#	%	#	%	#	%
1 Year or less	1,164	19.1%	8,994	34.7%	4,486	22.2%	14,644	28.1%
2 to 5 years	1,617	26.5%	8,894	34.4%	5,716	28.3%	16,227	31.1%
6 to 10 years	974	16.0%	2,768	10.7%	2,190	10.8%	5,932	11.4%
11 to 20 years	1,787	29.3%	3,094	12.0%	4,001	19.8%	8,882	17.0%
21 to 30 years	379	6.2%	1,146	4.4%	2,790	13.8%	4,315	8.3%
31+ years	184	3.0%	988	3.8%	1,037	5.1%	2,209	4.2%
Total (households)	6,105	100.0%	25,884	100.0%	20,220	100.0%	52,203	100.0%

Source: Claritas Healthcare Solution Zip Code Data.

[6] These figures are calculated based on the percentage of households earning over $125,000 per year, since figures for the percentage of households earning $112,000 per year are not available. The rates are also calculated based on the assumption of a 20% down payment. With a 10% down payment, the minimum income required to purchase a median priced home rises to $124,065, which only 22.3% of Sunnyvale's residents can afford.

Income

Median household income in Sunnyvale ranged from $59,205-$84835 per year in 1999. Median household income in 1999 was highest in zip 94087 at $84,835, followed by zip 94086 ($67,087) and zip 94089 ($59,205).

	1990	1999 estimate	% Change 1990-1999	2004 estimate	% Change 1999-2004
Exhibit 17. Median Income, City of Sunnyvale, 1990, 1999 and 2004 Estimates					
North Sunnyvale					
94086	$42,808	$67,087	56.7%	$79,003	17.8%
94089	$40,451	$59,205	46.4%	$67,923	14.7%
South Sunnyvale					
94087	$54,115	$84,835	56.8%	$101,150	19.2%

Source: Claritas Healthcare Solution Zip Code Data.

Since very few households in Sunnyvale have incomes below the federal poverty line, a more useful indicator of low-income status is the percent of households earning below 60% of median income, which in this case is $49,200 per year.

As seen in the following table, 31% of all households in Sunnyvale have an annual income below $50,000. That figure varies by zip code: 41% in zip 94089, 34% of those in zip 94086, and 24% of those in zip 94087. Conversely, the percentage of households with incomes over $100,000 per year is greatest in zip 94087 (40%), followed by zip 94086 (25%) and zip 94089 (22%).

Exhibit 18. Households Earning Less than 60% of Median Income, Sunnyvale, 1999		
North Sunnyvale	**Number of Households**	**%**
94086	8,671	33.5%
94089	2,509	41.1%
South Sunnyvale		
94087	4,934	24.4%

Source: Claritas Healthcare Solution Zip Code Data.

The following table presents a breakdown of household income by income category. Overall, the 94087 zip has a larger percentage of households in the higher income categories and less in low-income categories than North Sunnyvale.

	North Sunnyvale		South Sunnyvale	Sunnyvale	Santa Clara County
	94086	94089	94087		
	% of Households in Zip Code	% of Households in Zip Code	% of Households in Zip Code	% of all Households in Sunnyvale	% of all Households in Santa Clara County
<$20,000	9.1%	11.8%	7.5%	8.8%	10.5%
$20,000-34,999	11.4%	14.2%	7.2%	10.1%	10.1%
$35,000-$49,999	13.0%	15.1%	9.7%	11.9%	11.1%
$50,000-$74,999	23.3%	21.3%	19.2%	21.5%	19.8%
$75,000-$99,999	18.1%	15.4%	16.2%	17.1%	15.9%
$100,000-$124,999	9.5%	9.5%	10.6%	9.9%	10.3%
$125,000-$149,999	5.9%	5.7%	9.3%	7.2%	6.8%
$150,000+	9.7%	7.0%	20.3%	13.5%	15.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 19. Household Incomes, Sunnyvale, 1999

Source: Claritas Healthcare Solution Zip Code Data.

Unemployment

Unemployment rates in Sunnyvale have been declining steadily over the past decade. As of January 2000, Sunnyvale enjoyed a very low unemployment rate of 2.1%. Unemployment rates have dropped to an eight year low throughout Santa Clara County as well.

Exhibit 20. Annual Unemployment Rates, Sunnyvale and Santa Clara County 1991-1999

	1991	1995	1999
Sunnyvale	4.9%	4.2%	2.6%
Santa Clara County	5.7%	4.9%	3.0%

Source: California Employment Development Department, Labor Market Information Division.

Children Living in Poverty

The U.S. Bureau of Census and the Department of Agriculture define the poverty line as the minimum income required to purchase nutritious food, housing and clothing. In 1990, the official poverty line was approximately $12,600 for a family of three. According to 1990 U.S. Census data, 1,776 children, or approximately 7% of all Sunnyvale children between the ages of 0-17 were living in families with incomes below the poverty line. The rate of children living in poverty was highest in zip 94086 (8.4% of all children under 18), followed by zips 94087 (5.1%) and 94089 (4.4%). Of all children living in poverty in Sunnyvale, the majority (63%) were in the 94086 zip code, 30% were in 94087 and 7% were in 94089.

As the following table indicates, children living in poverty cut across ethnic lines: 30% are white, 27% are Asian, 22% are Latino , 6% are African-American and 16% are of other or mixed heritages.

Exhibit 21. Children Ages 0-17 Living in Poverty by Race, Sunnyvale, 1990								
	North Sunnyvale				South Sunnyvale			
	94086		94089		94087		Total	
	#	%	#	%	#	%	#	%
White	302	26.9%	11	8.8%	222	41.8%	535	30.1%
African American	59	5.3%	0	0.0%	50	9.4%	109	6.1%
Latino	274	24.5%	37	29.6%	77	14.5%	388	21.9%
Asian/PI	338	30.2%	35	28.0%	118	22.2%	491	27.7%
Other	147	13.1%	42	33.6%	64	12.1%	253	14.2%
Total	1,120	100.0%	125	100.0%	531	100.0%	1,776	100.0%
% of Children in Zip Code Living in Poverty		8.4%		4.4%		5.1%		6.6%

Source: 1990 U.S. Census.

Children Receiving Temporary Assistance to Needy Families

1,036 children between the ages of 0-14 received TANF, or welfare benefits in 1997, representing approximately 4.5% of all children in that age group in the city. Of children receiving TANF benefits, the largest number and percentage (635 children, representing 61% of all children receiving TANF) were found in zip 98086.

	Number of TANF Children Younger than 2 years old		Number of TANF Children 2-5 years old		Number of TANF Children 6-14 years old		Total	
Zip code	#	% of City	#	% of City	#	% of City	#	% of City
North Sunnyvale								
94086	51	61.4%	215	62.9%	369	60.4%	635	61.3%
94089	14	16.9%	41	12.0%	97	15.9%	152	14.7%
South Sunnyvale								
94087	18	21.7%	86	25.1%	145	23.7%	249	24.0%
Total	83	100.0%	342	100.0%	611	100.0%	1,036	100.0%

Exhibit 22. Number of Children in Welfare-Supported Families, City of Sunnyvale, 1997

Source: Policy Analysis for California Education (PACE) and California Child Care Resource & Referral Network. "Child Care Indicators 1998. Part I- Preliminary Figures." University of California, Berkeley, Stanford University, October 1998.

Health Care

Access to Prenatal Care

In 1997, 10.3% of women who gave birth in Sunnyvale did not receive prenatal care during the first trimester of pregnancy, nearly achieving the *Healthy People 2000*[7] goal of no more than 10% of pregnant women receiving prenatal care after the first trimester of pregnancy. A slightly higher percentage of women in the 94086 zip code (11%) did not receive early prenatal care than other zip codes.

Zip Code	Total Number of Births	Prenatal Care During First Trimester	Prenatal Care During Second Trimester	Prenatal Care During Third Trimester	No Prenatal Care	Unknown	% Late Prenatal Care
North Sunnyvale							
94086	1,104	974	99	17	5	9	11.0%
94089	227	200	20	3	1	3	10.6%
South Sunnyvale							
94087	684	618	56	5	1	4	9.1%
Total	2,015	1,792	175	25	7	16	10.3%

Exhibit 23. Access to Prenatal Care, Sunnyvale, 1997

Source: California Department of Health Services. Center for Health Statistics. "Number of Live Births by Zip code of Mothers Residence, California, 1997."

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[7]Healthy People 2000 is a national effort involving professionals, citizens, private organizations and public agencies to increase the life span, reduce health disparities and achieve access to preventive services for all Americans..

Low Birth Weight Infants

An estimated 5.7% of infants were born with low birth weight in 1997, which is also close to the *Healthy People 2000* goal of no more than 5% of infants born with low birth weight. The highest number of low birth weight infants was in zip 94086, whereas the highest percentage was in zip code 94089.

Exhibit 24. Number of Low Birth Weight Births by Zip Code of Mother's Residence, Sunnyvale, 1997

	Total Number of Births	Under 1500 grams	1500-2499 grams	Percent Under 2500 Grams
North Sunnyvale				
94086	1,104	5	56	5.5%
94089	227	4	12	7.0%
South Sunnyvale				
94087	684	2	36	5.5%
Total	2,015	11	104	5.7%

Source: California Department of Health Services. Center for Health Statistics. "Number of Live Births by Zip code of Mothers Residence, California, 1997."

Births to Teen Mothers

A total of 92 teenage women gave birth in 1997, accounting for 4.6% of all births in Sunnyvale during that year. Zip code 94089 accounts for the highest percentage of births to teen mothers (6.6%). However, the majority of all births to teen mothers (62%) was in zip code 94086.

Exhibit 25. Births to Women under the Age of 20, Sunnyvale, 1997				
	Total Number of Births	# of Births to Teen Mothers	Births to Teen Mothers as % of All Births	% of All Births to Teen Mothers
North Sunnyvale				
94086	1,104	57	5.2%	62.0%
94089	227	15	6.6%	16.3%
South Sunnyvale				
94087	684	20	2.9%	21.7%
Total	2,015	92	4.6%	100.0%

Source: California Department of Health Services. Center for Health Statistics. "Number of Live Births by Zip code of Mothers Residence, California, 1997."

Domestic Violence

Sunnyvale had the second highest rate of domestic violence calls to 911 per 100,000 residents in Santa Clara County 1998.

Exhibit 26. Domestic Violence-Related Calls for Assistance, Top Five Jurisdictions, 1998		
Jurisdiction	Number of Calls to 911	Rate per 10,000 Residents
Campbell	245	61.71
Sunnyvale	642	49.01
San Jose	3,910	43.74
Mountain View	263	35.21
Santa Clara	339	33.27
Santa Clara County	6,904	40.85

Source: California Department of Justice, Criminal Justice Statistics Center.

Education

Adult Educational Attainment

Nearly two-fifths (38%) of Sunnyvale residents over the age of 25 has a college or graduate degree. That figure compares favorably with Santa Clara County as whole, where 32% of residents have college or graduate degrees. Conversely, 12.6% of Sunnyvale residents do not have high school degrees, compared with 18.4% of County residents.

The percentage of residents with a high school degree or less is highest in zip 94089 (50%), followed by 94086 (32%) and 94087 (23%). Conversely, the percentage of residents with a bachelor's or graduate degree is comparable in zips 94087 (38%) than 98086 (36%), which are considerably higher than zip 94089 (19%).

Exhibit 27. Educational Attainment, Population 25+, Sunnyvale and Santa Clara County, 1999					
	94086	94089	94087	Sunnyvale	Santa Clara County
<9th grade	5.7%	6.7%	2.5%	4.5%	8.30%
9th-12th grade	8.7%	14.6%	5.4%	8.1%	10.10%
High School Graduate	18.1%	28.6%	15.6%	18.4%	19.00%
Some College	23.3%	23.7%	21.9%	22.8%	22.30%
Associate Degree	8.4%	7.2%	9.4%	8.6%	8.50%
Bachelor's Degree	24.4%	13.7%	28.6%	24.8%	20.30%
Graduate or Professional Degree	11.4%	5.7%	16.6%	12.8%	11.50%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Claritas Healthcare Solution Zip Code Data.

Student Academic Performance

The State of California instituted the Academic Performance Index (API) in January 2000 as a new means of measuring the academic performance of elementary, middle and high schools. The current API scores are based on the results of the Stanford 9 achievement test, which was administered in Spring 1999 as part of the state's Standardized Testing and Reporting (STAR) Program. The API measures school performance on a scale of 200 to 1000. The State of California has set 800 as the API score that schools should strive to meet. The following table presents API scores for Sunnyvale schools. The schools are sorted from highest to lowest API within the categories of elementary, middle and high school.

Exhibit 28. Academic Performance Index (API) Scores for Sunnyvale Schools, 1999	
ELEMENTARY SCHOOLS	
West Valley Elementary	903
Stocklmeir Elementary	857
Cumberland Elementary	837
Cherry Chase Elementary	822
San Miguel Elementary	773
Ellis Elementary	761
Ponderosa Elementary	756
Fairwood Elementary	747
Bishop Elementary	722
Vargas Elementary	703
Braly Elementary	699
Lakewood Elementary	662
Nimitz Elementary	419
MIDDLE SCHOOLS	
Cupertino Middle	840
Sunnyvale Middle	780
Peterson Middle	721
Columbia Middle	673
HIGH SCHOOLS	
Homestead High School	749
Fremont High School	627

Source: California Department of Education.

Students Prepared for College

An additional measure of student performance is "college preparedness," which is the percentage of high school graduates that have completed the minimum courses required for admission to a University of California (UC) or California State University (CSU) college or university. For the 1999-2000 school year, 67.0% of all high school graduates in the Fremont Union High School District were considered prepared for college. That figure compares

favorably with Santa Clara County (43.1%) and the State of California (35.6%). A considerably higher percentage of students at Homestead High (68.6%) is college ready than at Fremont High (45.2%).

High School Dropout Rates

The dropout rate at Fremont High for the 1997-98 academic year (1.2%) was significantly higher than for Homestead High (0.1%) as well as the Fremont Union High School District in general (0.8%). Nonetheless, dropout rates for both Fremont and Homestead High Schools are considerably lower than for Santa Clara County as a whole (3.1%).

Exhibit 29. Public High School Dropout Rates, Fremont High School, Homestead High School, Fremont Union High School District, and Santa Clara County, 1992-1998

	Fremont High School	Homestead High School	Fremont Union High School District	Santa Clara County
1997-1998	1.2%	0.1%	0.8%	3.1%
1996-1997	4.3%	2.3%	2.0%	2.5%
1995-1996	4.0%	1.8%	1.7%	3.8%
1994-1995	3.3%	3.4%	2.3%	3.2%
1993-1994	2.8%	0.9%	1.2%	3.2%
1992-1993	1.5%	1.4%	1.7%	2.7%

Source: California Department of Education.

Limited English Proficiency Students

Sunnyvale has a significant number of Limited English Proficiency (LEP) students. In the 1997-1998 school year, over 28% of the children enrolled in the Sunnyvale Elementary School District public schools were LEP. Of those, 55% spoke Spanish as a first language. Tagalog (Filipino) and Vietnamese speakers were a smaller, but still significant proportion of the overall total (11% and 7%, respectively). Languages spoken by the remaining LEP students in Sunnyvale public schools include Cantonese, Mandarin, Korean, Punjabi, Russian, Farsi and Arabic. The following table presents the percentage of LEP students for each school, ordered from highest to lowest percentage LEP within each type of school.

Exhibit 30. Limited English Proficiency Students

	% Limited English Proficient Students
ELEMENTARY SCHOOLS	
Lakewood Elementary	43.6%
Vargas Elementary	38.6%
Bishop Elementary	34.4%
Ellis Elementary	31.7%
Braly Elementary	30.3%
Nimitz Elementary	28.0%
San Miguel Elementary	27.7%
Ponderosa Elementary	23.7%
Fairwood Elementary	23.2%
Cumberland Elementary	15.7%
Cherry Chase Elementary	9.5%
Stocklmeir Elementary	6.6%
West Valley Elementary	2.8%
MIDDLE SCHOOLS	
Columbia Middle	29.2%
Sunnyvale Middle	16.1%
Peterson Middle	10.6%
Cupertino Middle	2.6%
HIGH SCHOOLS	
Homestead High School	55.4%
Fremont High School	29.8%

Source: California Department of Education.

School Crime

School crime rates are lower for each of the districts serving Sunnyvale students than for Santa Clara County as a whole. The Sunnyvale Elementary School District has the lowest cost of crime to the school district, followed by the Santa Clara Unified School District.

Exhibit 31. Crime Rates by Number of Incidents per 1,000 Students, 1998-1999					
	Sunnyvale Elementary	Santa Clara Unified	Fremont Union	Cupertino Union	Santa Clara County
Drug/Alcohol Offenses	1.01	4.64	12.39	0.85	3.88
Battery	3.04	3.34	4.62	5.25	3.17
Assault with a Deadly Weapon	0.17	0.14	0.34	0.13	0.23
Robbery	0.00	0.0	0.45	0.00	0.13
Sex Offenses	0.00	0.0	0.45	0.00	0.21
Possession of a Weapon	0.33	1.37	0.79	0.66	1.05
Property Crimes	0.33	1.37	1.91	2.95	3.83
Dollar Cost to District per Student	$0.33	$0.42	$2.10	$4.43	$6.93

Child Care

There are 44 licensed child care centers and 121 family child care homes (FCCHs) in the City of Sunnyvale, with a capacity for 4,959 children between the ages of 0-14, or one in five children in that age range. As the following table reveals, zip code 94086 has the lowest child care capacity per 100 children, particularly with regard to licensed child care centers.

Exhibit 32. Child Care Capacity per 100 Resident Children, Sunnyvale 1998				
	Capacity per 100 Children Ages 0-5		Capacity per 100 Children Ages 6-14	
Zip Code	Child Care Centers	Family Child Care Homes	Child Care Centers	Family Child Care Homes
North Sunnyvale				
94086	22.6	13.0	4.1	12.9
94089	39.9	24.5	10.2	18.1
South Sunnyvale				
94087	40.7	13.0	12.0	10.8

Source: *Child Care Indicators 1998*, Policy Analysis for California Education.

As the following table indicates, there is an equitable distribution of child care slots for infants under the age of two in each zip code; 53% of the infant child care slots are in the 94086 zip code, which accounts for 52% of all infants in Sunnyvale. However, the distribution of slots for preschool and school age children does not correspond as well. While the 94086 zip code accounts for 52% of children between the ages of 2-5, 35% of child care slots for that age group are located there. Conversely, the 94087 zip code accounts for 38% of children in that age range, but has 54% of all slots. The pattern is similar with respect to extended care for 6-14 year olds.

Exhibit 33. Capacity of Licensed Child Care Centers by Selected Age Groups, Sunnyvale, 1998

Zip Code Area	Capacity for Infants 0-2 Years			Capacity for Preschoolers 2-5 Years			Capacity for School-Age Children 6-14 Years		
	# slots	% of all slots in age category	% of all children 0-2 in zip code	# slots	% of all slots in age category	% of all children 2-5 in zip code	# slots	% of all slots in age category	% of all children 6-14 in zip code
North Sunnyvale									
94086	203	53.0%	52.4%	830	34.5%	52.0%	295	32.2%	51.0%
94089	43	11.2%	10.3%	282	11.7%	10.3%	113	12.3%	10.0%
South Sunnyvale									
94087	137	35.8%	37.3%	1,295	53.8%	37.8%	509	55.5%	38.9%
Total	383	100.0%	100.0%	2,407	100.0%	100.0%	917	100.0%	100.0%

Source: *Child Care Indicators 1998*, Policy Analysis for California Education.

As the following table reveals, no child care centers in Sunnyvale are open on weekends, evenings or overnight. A number of family child care homes accept children during non-traditional hours.

Exhibit 34. Child Care Centers and Family Child Care Homes Open Weekends, Evenings, or Overnight, Sunnyvale, 1998

Zip Code	Percentage of Child Care Centers Open on Weekends, Evenings, or Overnight	Percentage of Family Child Care Homes Open on Weekends, Evenings, or Overnight
North Sunnyvale		
94086	0.0%	15.3%
94089	0.0%	21.1%
South Sunnyvale		
94087	0.0%	23.3%

Source: *Child Care Indicators 1998*, Policy Analysis for California Education.

Crime

With a crime rate of 661 per 100,000 residents, Sunnyvale's crime rate is half that of Santa Clara County and is one of the lowest in the County.

	Exhibit 35. Crime Rates per 100,000 Population, Santa Clara County, 1998			
Rank		**Total Population**	**# Crimes**	**Crime rate per 100,000 residents**
	Santa Clara County	1,689,900	20,779	1,230
1	Gilroy	37,450	854	2,280
2	San Jose	894,000	12,457	1,393
3	Milpitas	62,600	758	1,211
4	Santa Clara	101,900	1,183	1,161
5	Mountain View	74,700	844	1,130
6	Campbell	39,700	448	1,129
7	Unincorporated	109,300	1,219	1,115
8	Morgan Hill	30,800	330	1,071
9	Palo Alto	60,500	535	884
10	Cupertino	46,700	409	876
11	Los Gatos	30,100	250	831
12	**Sunnyvale**	**131,100**	**867**	**661**
13	Los Altos	28,400	163	574
14	Saratoga	31,100	125	402
15	Monte Sereno	3,420	9	263

Source: California Department of Justice, California Criminal Justice Statistics Center.

INVENTORY OF COMMUNITY-BASED ASSETS

As part of this research, Harder+Company Community Research compiled an inventory of community-based resources and assets serving children and families in Sunnyvale. Community-based assets are grouped according to the following categories:

- Programs serving children and youth, including schools, child care, after school programs and teen programs;
- Recreational sites, including community centers and parks;
- Social services;
- Health care;
- Neighborhood associations and places of worship.

The asset maps (see Appendix D) provide a sense of the spatial distribution of community-based assets in Sunnyvale. As the maps indicate, some programs and services are distributed well throughout the city, while others are concentrated in certain areas. (see Appendix C for a complete list of community-based assets serving children and families):

Child Care

There are nearly 50 licensed child care centers and over 120 family child care homes in Sunnyvale, with a capacity for approximately 5,000 children between the ages of 0 and 14. The asset maps indicate a significantly higher concentration of licensed child care centers on the south side of town. The secondary data also indicate that the 94087 zip code, with over half of licensed child care centers in Sunnyvale, has twice the capacity per 100 children ages 0-5 as the 94086 zip code., which is where half of Sunnyvale's children reside.

After School and Teen Programs

In addition to programming at the Sunnyvale Community Center and the Columbia Neighborhood Center, after school programming is provided on-site at all of Sunnyvale's elementary and middle schools.

In addition to after school programming, specific programs serving teens include employment assistance, which is provided through the North Valley Private Industry Council (NOVA PIC) Youth Employment Office, the San Jose Job Corps, and the California Employment Development Department Youth Employment Opportunities Program.. The "Fish Bowl," which is located at the Le Boulanger café, offers an opportunity for teens to congregate, hear music and dance on Friday evenings.

Recreational Sites, Community Centers and Parks

Sunnyvale has numerous recreational sites located throughout the city. The Sunnyvale Community Center, the Columbia Neighborhood Center and the Raynor Activity Center offer a broad range of programs, services and activities for Sunnyvale residents. The Sunnyvale library also provides programming for children and parents, at the library and throughout the city.

Sunnyvale's 21 parks are located on 350 acres throughout the city. The parks range in size from 0.44 to 177 acres, and offer a variety of amenities, including playgrounds, athletic fields, golf, tennis and picnic areas. The parks are located in virtually all parts of the city. There are also five public swimming pools, which are evenly distributed throughout the city.

Social Services

Sunnyvale offers a range of social services for residents, with a focus on low-income populations, immigrants, senior citizens and youth. Services are provided through private nonprofits and Santa Clara County. The asset map indicates that virtually all social services are located in the central and southern parts of the city, with only two sites north of the Central Expressway. Despite a large senior population north of Highway 101, there are no programs serving seniors in that part of the city.

Health Care

Health care providers in Sunnyvale provide a range of services, including primary outpatient care, family planning, geriatric services and urgent care. There are no hospitals in Sunnyvale. While the Columbia Neighborhood Center providers pediatric outpatient care in the north part of the city, most health services are located in the center of Sunnyvale. The clinics at the Columbia Neighborhood Center and Fair Oaks serve low-income children with health coverage through MediCal or Healthy Families. The Fair Oaks clinic also provides prenatal and some gynecological services for low-income women. However, low-income and uninsured individuals seeking non-pediatric care must go to San Jose in order to access health services provided by Santa Clara County.

Neighborhood Associations and Places of Worship

There are eight neighborhood associations located throughout Sunnyvale, encompassing approximately 3,800 households. The neighborhood associations range in size from 25 to 1,700 households. The largest neighborhood association is the Lakewood Village Neighborhood Association, representing 1,700 families, while the smallest is the Vine Avenue Neighborhood Association, representing just 25 households. Their function is to bring neighbors together, to create a sense of community and advocate for issues affecting each neighborhood. While neighborhood associations are distributed fairly evenly throughout most the city, there is only one small neighborhood association (Rhonda Village, with 42 households) in the southwest

quadrant of the city, between the Central Expressway in the north, Homestead Road in the south, and Mathilda, El Camino Real and Wolfe Road to the east.

There are also 44 houses of worship located throughout Sunnyvale; one for approximately every 3,000 residents. The houses of worship represent a range of denominations, and are distributed widely throughout the city.

Transportation

Although transportation is frequently cited as a barrier to accessing programs and services, the asset map indicates that in general, Sunnyvale has good public transit coverage. Virtually all residents are within a ⅔ mile radius of a public transportation stop. While there are clearly other factors associated with use of public transit, such as hours, cost and safety, distance from public transit stops does not appear to be a factor deterring residents from using those services.

CONCLUSIONS

This research focused on three issues: the feasibility of replicating the Columbia Neighborhood Center as a viable model for providing services to Sunnyvale residents elsewhere in the city; the priority needs of Sunnyvale residents with respect to programs and services; and access to information on programs and services.

With respect to the possibility of replicating the CNC, the research indicates that this model has been very successful and could successfully be replicated in another part of the city. Focus groups and household survey findings reveal a very high level of customer satisfaction; 93% of survey respondents that have used the CNC (n=27) claim they are "very" (83%) or "somewhat" (10%) satisfied with the services received. Aspects of this model that have been most successful are the co-location of services on one site, the collaborative delivery of "wrap-around" services, which address a broad range of needs and co-locating the CNC on a school site. There have been virtually no problems with respect to co-locating services on the same site, which has greatly facilitated access to services for community members.

Lessons learned from the CNC that should be considered in light of replicating this model have to do with the collaborative delivery of services and co-location on a school site. Locating the CNC on a school site has been very positive overall, since the site is familiar and accessible for most students and parents and offers a wide range of academic and recreational resources and facilities that can be used during non-school hours. The drawbacks of co-locating on a school site include the need for a shared vision and close collaboration with school leadership, which may at times prove difficult; the fact that many residents are not aware that the services offered by the CNC are for all Sunnyvale residents and not only Columbia Middle School students and parents; and the fact that many residents do not realize the CNC is a year-round facility which is open during school breaks and vacation.

The principal lesson learned from the CNC experience to-date is with respect to the collaborative provision of services. The collaborative provision of services is overall of great benefit for service consumers, as it affords the provision of coordinated "wrap-around" services that address a range of issues. This approach has also represented significant cost savings for the CNC. There have however been a number of challenges to successful collaboration, in terms of integrating agencies with distinct missions and organizational cultures into a program with a unified vision, the time required for effectively managing collaborative ventures of this nature, and the degree to which staffing and funding changes in a particular agency can affect the entire collaborative.

While it is apparent that the CNC model has been very successful and has a high potential for replicability, it is less clear whether a new resource center is in fact the best strategy for meeting the principal gaps in services identified by the needs assessment: child care, children's programming after school, on weekends and during vacations and access to health care for low-income residents. Child care may be best offered through increased child care

centers, as well as mechanisms to make that service more affordable. After school programming could be offered at a new center, or by expanding existing programs at the existing schools. Health care could be offered at a new community center or via other mechanisms, such as partnering with existing agencies, construction of a new clinic or expanding services at existing clinics to assist underserved populations. .

Should the City of Sunnyvale decide to establish a new resource center, the research indicates that the population in greatest need of services (after the CNC catchment area) is located in the area west of downtown. In that sense, the best option for establishing a new center may be the Sunnyvale Middle School campus, which is located in the area of greatest need and has the facilities to house a new center. Another site that should be considered is the complex located near Washington Park, given its proximity to the population most in need, the fact that Sunnyvale Community Services is located there, and the fact that the Adair School, which serves at-risk middle school youth, is located there. However, that complex may not have the appropriate facilities for a new community center. A third option to consider is the Sunnyvale Community Center, which is relatively accessible for most residents living on the south side of Sunnyvale and also houses many facilities that could be used for providing additional services.

Conversely, it may be more feasible to provide services at different sites. For example, after-school programming could be expanded at the Sunnyvale Middle School, while health services could be offered at the complex housing Sunnyvale Community Services.

With respect to the dissemination of information about services, the City of Sunnyvale provides community members with information about programs and services through a range of media, including the quarterly newsletter, activity guides, a website, flyers and information sent home from schools. However, it is not clear whether residents have sufficient access to that information. On one hand, 84% of household survey respondents report they have sufficient information about programs and services (with little variation with respect to geographic location or demographic characteristics). The majority (75%) of respondents get information from traditional media, such as newspapers, newsletters, brochures, TV and radio, followed by word of mouth (26%) and the Internet (21%). There are several differences between residents with respect to accessing information, based on factors including place of residence, income, and race/ethnicity.

Nonetheless, key informant interviewees cite a lack of access to information as a barrier to accessing needed services, while focus group participants discussed this as an issue of concern. Some individuals believe the City is already doing all it can to advertise services, and that the problem lies in the fact that community members are too busy to review the information they receive from the City. Others feel the City should translate more materials into other languages, target information for specific groups, such as immigrants and teens and produce informational materials that are more visually appealing, for example, using more color and graphics and less words.

APPENDICES

APPENDIX A: MAP OF HOUSEHOLD SURVEY ZONES

Zone 1

101

237

Mathilda Ave.

Zone 2

101

Central Exp

Lawrence Exp.

Mary Ave.

Zone 3

Fair Oaks Ave.

Zone 4

85

Remington Dr.

Sunnyvale Saratoga Rd.

82

Fremont Ave.

Wolfe Rd.

Zone 6

Zone 5

Homestead Rd.

280

N W E S

Harder+Company Community Research /June 2000
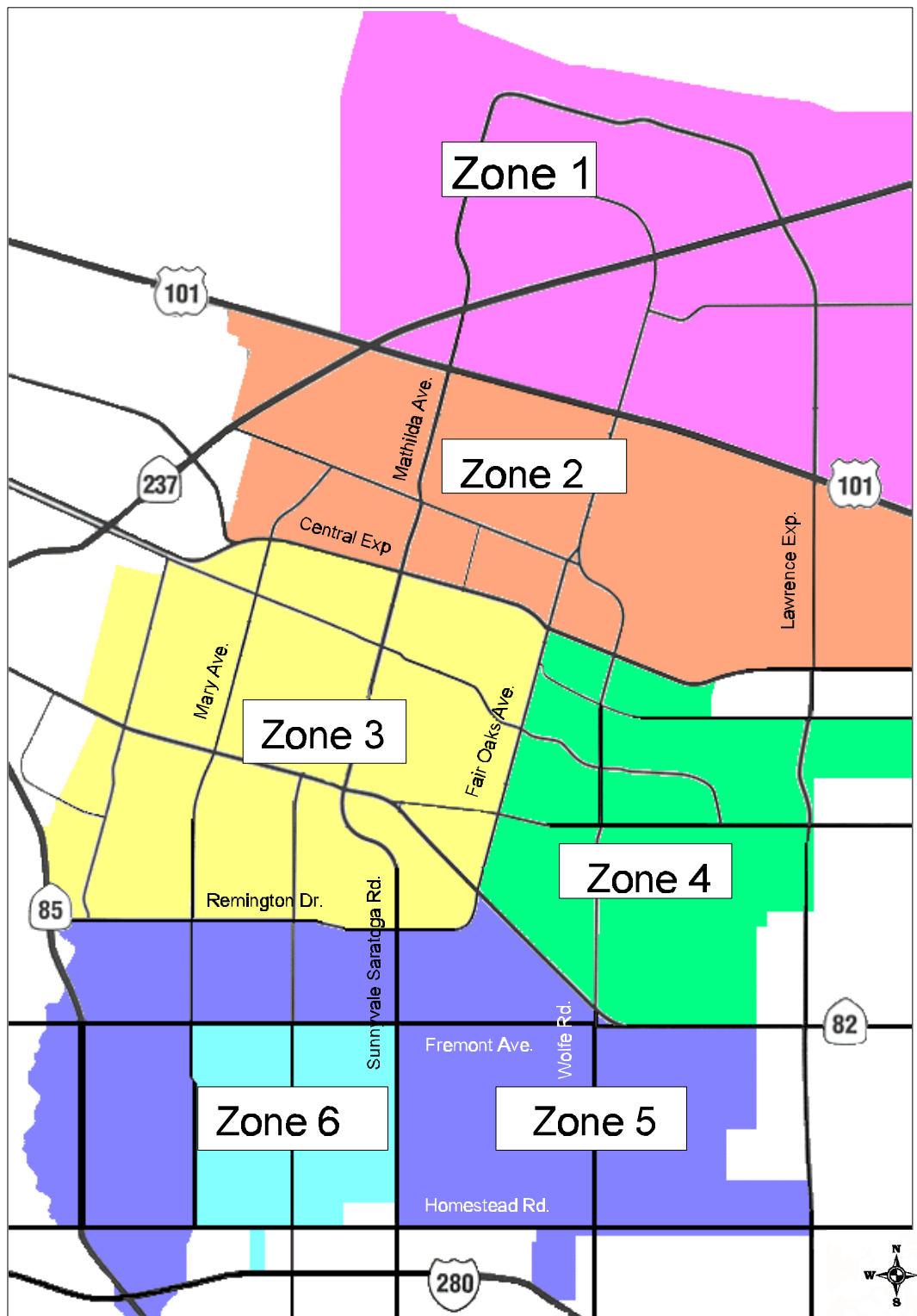
APPENDIX B: DETAILED HOUSEHOLD SURVEY FINDINGS

Exhibit 1. Race/Ethnicity by Zone

Race/Ethnicity	Zone 1 #	Zone 1 %	Zone 2 #	Zone 2 %	Zone 3 #	Zone 3 %	Zone 4 #	Zone 4 %	Zone 5 #	Zone 5 %	Zone 6 #	Zone 6 %	Total #	Total %
African American	1	4.2	3	4.0	1	1.2	1	2.6	0	0.0	0	0.0	6	1.5
Asian/ Pacific Islander	8	33.3	20	26.3	9	11.1	11	29.0	24	20.9	12	21.4	84	21.5
Latino	3	12.5	11	14.5	11	13.4	4	10.5	6	5.2	3	5.4	38	9.7
Mixed Heritage	0	0.0	2	2.6	2	2.4	2	5.3	2	1.7	1	1.8	9	2.3
Native American	0	0.0	0	0.0	1	1.2	0	0.0	1	0.9	0	0.0	2	0.5
White	12	50.0	38	50.0	52	63.4	20	52.6	77	67.0	39	69.6	238	60.9
Refused	0	0.0	2	2.6	6	7.3	0	0.0	5	4.3	1	1.8	14	3.6
Total	24	100	76	100	82	100	38	100	115	100	56	100	391	100

Exhibit 2. Primary Language Spoken at Home, by Zone

	Zone 1 #	Zone 1 %	Zone 2 #	Zone 2 %	Zone 3 #	Zone 3 %	Zone 4 #	Zone 4 %	Zone 5 #	Zone 5 %	Zone 6 #	Zone 6 %	Total #	Total %
English	19	90.4	54	83.1	71	91.0	29	80.5	98	93.3	48	94.1	319	89.6
Spanish	0	0.0	7	10.8	3	3.8	2	5.6	2	1.9	2	3.9	16	4.5
Chinese	0	0.0	1	1.5	3	3.8	4	11.1	5	4.8	1	2.0	14	3.9
Vietnamese	1	4.8	1	1.5	0	0.0	1	2.8	0	0.0	0	0.0	3	0.8
Tagalog	1	4.8	2	3.1	0	0.0	0	0.0	0	0.0	0	0.0	3	0.8
Refused	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0	1	0.3
Total	21	100	65	100	78	100	36	100	105	100	51	100	356	100

Exhibit 3. Households Reporting Children under Age 18, by Zone

	# of Households Reporting Children under 18	% of Households Reporting Children under 18	Mean # of Children
Zone 1	10	41.7%	1.3
Zone 2	27	35.5%	1.9
Zone 3	23	28.0%	1.5
Zone 4	13	34.2%	1.7
Zone 5	41	35.7%	1.7
Zone 6	20	35.7%	1.8
Total	134	34.3%	1.7

Exhibit 4. Single and Two-Parent Households, by Zone

	Married or Living with a Partner		Single		Separated, Divorced or Widowed	
	#	%	#	%	#	%
Zone 1	7	70.0%	3	30.0%	0	0.0
Zone 2	23	85.2%	3	11.1%	1	3.7%
Zone 3	19	82.6%	1	4.3%	3	13.1%
Zone 4	11	84.6%	2	15.4%	0	0.0
Zone 5	34	82.9%	4	9.8%	3	7.3%
Zone 6	16	80.0%	2	10.0%	2	10.0%
Total	110	82.1%	15	11.2%	9	6.7%

Exhibit 5. Length of Time in Current Residence, by Zone

	<2 years		2-5 years		5-10 years		>10 years		mean number of years
	#	%	#	%	#	%	#	%	
Zone 1	3	12.5%	4	16.7%	4	16.7%	13	54.1%	10.9
Zone 2	21	27.6%	18	23.7%	10	13.2%	27	35.5%	9.4
Zone 3	14	17.1%	16	19.5%	13	15.8%	39	47.6%	13.3
Zone 4	4	10.5%	9	23.7%	8	21.1%	17	44.7%	10.7
Zone 5	15	13.2%	23	20.2%	20	17.5%	56	49.1%	14.7
Zone 6	8	14.3%	8	14.3%	12	21.4%	28	50.0%	14.0
Total	65	16.6%	78	20.0%	67	17.2%	180	46.2%	12.6

Exhibit 6. Household Income Categories, by Zone

	<$25,000		$25,000-$50,000		$50,000-$75,000		$75,000-$100,000		>$100,000		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Zone 1	3	13.0%	6	26.1%	9	39.1%	5	21.7%	0	0.0%	23	100.0%
Zone 2	13	19.1%	18	26.5%	18	26.5%	10	14.7%	9	13.2%	68	100.0%
Zone 3	12	17.4%	21	30.4%	11	16.0%	13	18.8%	12	17.4%	69	100.0%
Zone 4	4	12.1%	2	6.1%	7	21.2%	6	18.2%	14	42.4%	33	100.0%
Zone 5	9	9.3%	15	15.5%	20	20.6%	20	20.6%	33	34.0%	97	100.0%
Zone 6	5	11.1%	10	22.2%	10	22.2%	8	17.8%	12	26.7%	45	100.0%
Total	46	13.7%	72	21.5%	75	22.4%	62	18.5%	80	23.9%	335	100.0%

Exhibit 7. Extent to Which Children are Affected by Drugs, Alcohol or Gangs, by Zone

	Very Much		Somewhat		A Little		Not at All		Not Sure	
	#	% of zone	#	% of zone	#	% of zone	#	% of zone	#	% of zone
Zone 1	0	0.0%	1	10.0%	3	30.0%	6	60.0%	0	0.0%
Zone 2	6	22.2%	3	11.1%	3	11.1%	12	44.5%	3	11.1%
Zone 3	2	8.7%	3	13.0%	5	21.7%	10	43.6%	3	13.0%
Zone 4	0	0.0%	2	15.4%	4	30.7%	5	38.5%	2	15.4%
Zone 5	1	2.4%	4	9.8%	12	29.3%	24	58.5%	0	0.0%
Zone 6	0	0.0%	2	10.0%	8	40.0%	6	30.0%	4	20.0%
Total	9	6.7%	15	11.2%	35	26.1%	63	47.0%	12	9.0%

Exhibit 8. Computer and Internet Access, by Zone

	Computer and Internet		Computer Only		No Computer		Total	
	#	% of zone	#	% of zone	#	% of zone	#	%
Zone 1	19	79.2%	1	4.1%	4	16.7%	24	100.0%
Zone 2	53	69.7%	5	6.6%	18	23.7%	76	100.0%
Zone 3	56	68.3%	6	7.3%	20	24.4%	82	100.0%
Zone 4	33	86.8%	3	7.9%	2	5.3%	38	100.0%
Zone 5	92	80.0%	5	4.3%	18	15.7%	115	100.0%
Zone 6	41	73.2%	8	14.3%	7	12.5%	56	100.0%
Total	294	75.2%	28	7.2%	69	17.6%	391	100.0%

Exhibit 9. Percent of Households with Children Under Age 18 With Computer and Internet Access, by Zone

	Computer and Internet		Computer only		Computer and Internet		Computer Only	
	#	% of zone	#	% of zone	#	% of zone	#	% of zone
Zone 1	9	90.0%	0	0.0%	1	10.0%	10	100.0%
Zone 2	19	70.4%	2	7.4%	6	22.2%	27	100.0%
Zone 3	20	87.0%	1	4.3%	2	8.7%	23	100.0%
Zone 4	13	100.0%	0	0.0%	0	0.0%	13	100.0%
Zone 5	37	90.3%	1	2.4%	3	7.3%	41	100.0%
Zone 6	18	90.0%	0	0.0%	2	10.0%	20	100.0%
Total	116	86.6%	4	3.0%	14	10.4%	134	100.0%

Exhibit 10. Sources of Information about Programs and Services, by Zone

Source of Information	Zone 1		Zone 2		Zone 3		Zone 4		Zone 5		Zone 6	
	#	%	#	%	#	%	#	%	#	%	#	%
Newspapers, newsletters, brochures, TV or radio	17	70.8	52	69.3	56	70.0	29	76.3	91	79.8	44	78.6
Word of mouth	9	37.5	23	30.7	17	21.3	12	31.6	27	23.7	12	21.4
Internet	0	0.0	17	22.7	14	17.5	10	26.3	27	23.7	15	26.8
Yellow Pages	4	16.7	10	13.3	7	8.6	6	15.8	8	7.0	9	16.1
Library	1	4.2	5	6.7	7	8.8	6	15.8	6	5.3	4	7.1
Information sent from school	2	8.3	8	10.7	2	2.5	2	5.3	7	6.1	3	5.4
Social service agencies	1	4.2	1	1.3	7	8.6	4	10.5	7	6.1	4	7.1
Sunnyvale Community Center	0	0.0	7	9.2	5	6.1	1	2.6	5	4.3	0	0.0
Information and referral hotlines	2	8.3	4	5.3	0	0.0	1	2.6	3	2.6	3	5.4
Church or other religious institution	0	0.0	4	5.3	1	1.3	0	0.0	0	0.0	3	5.4

Exhibit 11. Sources of Information about Programs and Services by Race/Ethnicity

Source of Information	African American		Asian/ Pacific Islander		Caucasian/ White		Latino		Mixed Heritage		Native American	
	#	%	#	%	#	%	#	%	#	%	#	%
Newspapers, newsletters, brochures, TV or radio	5	71.4	77	64.1	216	75.0	33	71.7	11	100.0	2	100.0
Word of mouth	3	42.6	28	23.3	71	24.7	14	30.4	3	27.3	0	0.0
Internet	0	0.0	46	38.3	52	18.1	8	17.4	3	27.3	0	0.0
Yellow Pages	1	14.3	12	10.0	31	10.8	9	19.6	1	9.1	0	0.0
Library	0	0.0	15	12.5	17	5.9	5	10.9	0	0.0	0	0.0
Information sent from school	1	14.3	5	4.1	18	6.3	4	8.5	0	0.0	0	0.0
Social service agencies	0	0.0	3	2.5	18	6.3	8	17.4	1	9.1	0	0.0
Sunnyvale Community Center	0	0.0	5	4.1	10	3.4	4	8.5	0	0.0	0	0.0
Information and referral hotlines	0	0.0	3	2.5	10	3.4	3	6.5	0	0.0	0	0.0
Church or other religious institution	0	0.0	0	0.0	4	1.4	5	10.9	0	0.0	0	0.0

Exhibit 12. Sources of Information about Programs and Services, by Income Level

Source of Information	<$25,000		$25,000-$50,000		$50,000-$75,000		$75,000-$100,000		>$100,000	
	#	%	#	%	#	%	#	%	#	%
Newspapers, newsletters, brochures, TV or radio	36	62.1%	60	68.2%	69	75.0%	58	75.3%	80	79.2%
Word of mouth	18	31.0%	25	28.4%	21	22.8%	22	28.6%	13	12.9%
Internet	3	5.2%	20	22.7%	22	23.9%	17	22.1%	36	35.6%
Yellow Pages	6	10.3%	13	14.8%	12	13.0%	10	13.0%	8	7.9%
Library	4	6.9%	9	10.2%	6	6.5%	9	11.7%	7	6.9%
Information sent from school	3	5.2%	4	4.5%	7	7.6%	7	9.1%	5	5.0%
Social service agencies	7	12.1%	7	8.0%	2	2.2%	7	9.1%	6	5.9%
Sunnyvale Community Center	5	8.5%	3	3.4%	3	3.2%	1	1.3%	5	5.0%
Information and referral hotlines	3	5.2%	2	2.3%	4	4.3%	1	1.3%	5	5.0%
Church or other religious institution	0	0.0%	5	5.7%	0	0.0%	1	1.3%	1	1.0%

Exhibit 13. Interest in Employment Services

	Number	Percent
Adults	59	84.3%
Teens	7	10.0%
Adults and Teens	4	5.7%
Total	70	100.0%

**Exhibit 14. Respondents who have Heard of the
Columbia Neighborhood Center, by Zone**

	Have heard of the Columbia Neighborhood Center		Have Not Heard of the Columbia Neighborhood Center		Not Sure		Total	
	#	%	#	%	#	%	#	%
Zone 1	12	50.0%	11	45.8%	1	4.2%	24	100.0%
Zone 2	42	55.3%	32	42.1%	2	2.6%	76	100.0%
Zone 3	14	17.1%	67	81.7%	1	1.2%	82	100.0%
Zone 4	12	31.6%	25	65.8%	1	2.6%	38	100.0%
Zone 5	22	19.1%	90	78.3%	3	2.6%	115	100.0%
Zone 6	12	21.4%	43	76.8%	1	1.8%	56	100.0%
Total	114	29.2%	268	68.5%	9	2.3%	391	100.0%

**Exhibit 15. Respondents Who Have Heard of and Have Used
The Columbia Neighborhood Center, by Zone**

	Have used the Center		Have not used the Center		Total	
Zone 1	3	25.0%	9	75.0%	12	100.0%
Zone 2	10	23.8%	32	76.2%	42	100.0%
Zone 3	3	21.4%	11	78.6%	14	100.0%
Zone 4	1	8.3%	11	91.7%	12	100.0%
Zone 5	7	31.8%	15	68.2%	22	100.0%
Zone 6	3	25.0%	9	75.0%	12	100.0%
Total	27	23.7%	87	76.3%	114	100.0%

Exhibit 16. Respondent Satisfaction with Columbia Neighborhood Services

	Number	Percent
Very Satisfied	24	82.8%
Somewhat Satisfied	3	10.3%
Not Very Satisfied	1	3.4%
Not Sure	1	3.4%
Total	29	100.0%

APPENDIX C: KEY INFORMANT INTERVIEWEES

1. Rocio Abundis-Rodriguez, Site Manager, Columbia Neighborhood Center
2. Tammy Bigelow, Community Affairs, Advanced Micro Devices
3. Bill Bonsall, Neighborhood Resource Officer, Crime Prevention and Public Safety
4. Andre Burnet, Outreach Safe Place Coordinator, Social Advocates for Youth
5. Anne Callihan, School Psychologist, Columbia Middle School
6. Dyan Chan, Community Affairs, Advanced Micro Devices
7. Larry Curb, Principal, Columbia Middle School
8. Ron D'Alba, Lieutenant, Crime Prevention and Public Safety
9. Frances Dampier, Principal, Bishop Elementary School
10. Susan Deniston, Administrative Librarian, Sunnyvale Library
11. Betsy Doss, Education Policy Advisor, Mayor's Office, City of San Jose
12. Susie Erekson, Public Health Nursing Manager, Santa Clara Valley Health and Hospital System
13. Magali Estrada, Community Outreach Services, Santa Clara Valley Health and Hospital System
14. Dave Falleta, Neighborhood Resource Officer, Crime Prevention and Public Safety
15. Karen Filice, Adult Education, Fremont High School
16. Glen Fortin, Neighborhood Resource Officer, Crime Prevention and Public Safety
17. Christine Garrow, Kids Learning After School Coordinator, Columbia Middle School
18. Annette Grasty, Principal, Fairwood Elementary School
19. Brenda Hendricksen, Community Affairs, Advanced Micro Devices
20. Shelly James, Principal, Lakewood Elementary
21. Don Jolly, Director of Pupil Personnel, Sunnyvale School District
22. Laurie Karzen, Case Manager, Columbia Middle School
23. Linda Kim, Leisure Services Coordinator I / Middle School Coordinator, City of Sunnyvale, Department of Parks and Recreation
24. John Lawrence, Leisure Services Manager, City of Sunnyvale, Department of Parks and Recreation
25. Sonya Lee, Senior Leisure Services Coordinator, City of Sunnyvale, Department of Parks and Recreation
26. Bea Lopez, Executive Director, Social Advocates for Youth
27. Adrian Medina, Licensed Marriage and Family Therapist, Santa Clara County Department of Mental Health
28. Adriene Moberly, Guidance Resource Center, Fremont High School
29. Barbara Myers, School Social Worker, Sunnyvale School District
30. Lynn Pace-Green, Leisure Services Coordinator II, City of Sunnyvale, Department of Parks and Recreation
31. Jim Paul, Director of Special Education, Cupertino Union School District
32. Mehra Perry, School Based Counselor, Social Advocates for Youth
33. Mike Peregrin, Principal, San Miguel Elementary School
34. Ben Picard, Associate Superintendent of Business, Sunnyvale School District

35. Nancy Steward, Superintendent of Youth and Cultural Arts, City of Sunnyvale, Department of Parks and Recreation
36. Colleen Sullivan, Health Start Coordinator, Columbia Middle School
37. Nancy Tivol, Executive Director, Sunnyvale Community Services
38. Pete Tuana, Principal, Fremont High School
39. Joanne Valle, District School Nurse, Sunnyvale School District
40. Robert Walker, Director, City of Sunnyvale, Department of Parks and Recreation
41. Lana Wertz, Clinical Supervisor, Catholic Charities
42. Kay Whitney, Senior Leisure Services Coordinator, City of Sunnyvale, Department of Parks and Recreation

APPENDIX D: INVENTORY OF COMMUNITY BASED ASSETS

Exhibit 1. AFTER SCHOOL AND TEEN PROGRAMS

Name	Address	Zip
After School Programs		
Bishop Elementary School	450 North Sunnyvale Avenue	94086
Braly Elementary School	675 Gail Avenue	94086
Cherry Chase Elementary School	1138 Heatherstone Way	94087
Columbia Middle School	739 Morse Avenue	94086
Columbia Neighborhood Center	785 Morse Avenue	94086
Cumberland Elementary School	824 Cumberland Drive	94087
Cupertino Middle School	1650 South Bernardo Avenue	94087
Ellis Elementary School	550 East Olive Drive	94086
Fairwood Elementary School	1110 Fairwood Avenue	94086
Lakewood Elementary School	750 Lakechime Drive	94089
Nimitz Elementary School	545 East Cheyenne Drive	94086
Peterson Middle School	1380 Rosalie Avenue	94087
Ponderosa Elementary School	804 Ponderosa Avenue	94086
San Miguel Elementary School	777 San Miguel Avenue	94086
Stocklmeir Elementary School	592 Dunholme Way	94087
Sunnyvale Community Center	550 East Remington Drive	94087
Sunnyvale Middle School	1080 Mango Avenue	94087
West Valley Elementary	1635 Belleville Way	94087
Teen Programs		
Columbia Middle School	739 Morse Avenue	94086
Fish Bowl	305 North Mathilda Avenue	94086

NOVA Youth Employment Office	2502 Town Center Lane	94086
Sunnyvale Middle School	1080 Mango Avenue	94087
Vargas Elementary School	1054 Carson Drive	94086

Exhibit 2. LICENSED CHILD CARE CENTERS MULTILINGUAL CENTERS

Name	Address	Zip
Multilingual Centers		
Bishop CDC/CDI	440 North Sunnyvale Avenue	94086
California Young World-- Lakewood	750 Lakechime Drive	94089
California Young World-- San Miguel	777 San Miguel Avenue	94086
Caring Hearts CDC	645 West Fremont Avenue	94087
Cherry Chase School Age CDC/CDI	1138 Heatherstone Way	94087
Children's Creative Learning Center	794 East Duane Avenue	94086
Community Pre-School	1098 West Remington Drive	94087
Cumberland School Age CDC/CDI	824 Cumberland Drive	94087
Delor Montessori	1510 Lewiston Drive	94087
Fun Learning Pre-School	1194 Fairwood Avenue	94089
Gan Aviv Pre-School, South Peninsula Hebrew Day School	1030 Astoria Drive	94087
Jubilee Academy	560 Britton Avenue	94086
Little Rascals	494 South Bernardo Avenue	94086
Maremont CDC/CDI	1601 Tenaka Place	94087
Montessori House of Children	582 Dunholme Way	94087
New World CDC	730 East Homestead Road	94087
Onizuka Child Development Center	1080 Lockheed Way	94089
Presbyterian Early Learning Center	728 West Fremont Avenue	94087
Prodigy Child Development Center	1155 Arques Avenue	94086
Rainbow Montessori CDC (Child Development Center)	790 Duane Avenue	94086
Stocklmeir School Age CDC/CDI	792 Dunholme Way	94087
Wedgewood School	1025 The Dalles Avenue	94087
Sunnyvale CDC/CDI	1500 Partridge Avenue	94087

Exhibit C2. LICENSED CHILD CARE CENTERS MULTILINGUAL CENTERS

English Only Centers

Braly Extended Day	675 Gail Avenue	94086
California Young World-- Ellis	550 East Olive Avenue	94086
Camp Excellent Adventures	1155 East Arques Avenue	94087
Challenger School	1185 Hollenbeck Avenue	94087
Cupertino Co-op Nursery	563 West Fremont Avenue	94087
Educational Success	1050 Tilton Drive	94087
Feeling Better Sickcare Center	335 East Moffett Park Drive	94089
Gain Summer Camp, Silicon Valley Academy	1095 Dunford Way	94087
JFK Expressive Arts Kid's Camp	572 Dunholme Way	94087
Monarch Christian PS	1196 Lime Drive	94087
Nimitz School Age CDC/CDI	545 Cheyenne Drive	94087
Ponderosa Extended Day Care	804 Ponderosa Avenue	94086
Rainbow Pre-School	878 Lakewood Drive	94089
Resurrection School	1395 Hollenbeck Avenue	94087
Stanford Equestrian Center	560 Middlebury Drive	94087
Sunnyvale Christian PS	445 South Mary Avenue	94086
Sunnyvale Parent Pre-School	1515 Partridge Avenue	94087
Sunnyvale Parks and Recreation	550 East Remington Drive	94087
The Little Gym of Sunnyvale	833 West El Camino Real	94086
Triumphant Learning Center	420 Carroll Avenue	94086
Vargas School Age CDC/CDI	1054 Carson Drive	94086
Village Campus CDC	649 East Homestead Road	94087
YMCA Sunshine Co-West Valley	1635 Belleville Way	94087

Exhibit 3. PUBLIC ELEMENTARY, MIDDLE AND HIGH SCHOOLS

School	Address	Zip
Elementary schools		
Bishop Elementary	450 North Sunnyvale Avenue	94086
Braly Elementary	675 Gail Avenue	94086
Cherry Chase Elementary	1138 Heatherstone Way	94087
Cumberland Elementary	824 Cumberland Drive	94087
Ellis Elementary	550 East Olive Drive	94086
Fairwood Elementary	1110 Fairwood Avenue	94086
Lakewood Elementary	750 Lakechime Drive	94089
Nimitz Elementary	545 East Cheyenne Drive	94086
Ponderosa Elementary	804 Ponderosa Avenue	94086
San Miguel Elementary	777 San Miguel Avenue	94086
Stocklmeir Elementary	592 Dunholme Way	94087
Vargas Elementary	1054 Carson Drive	94086
West Valley Elementary	1635 Belleville Way	94087
Middle Schools		
Columbia Middle	739 Morse Avenue	94086
Cupertino Middle	1650 South Bernardo Avenue	94087
Peterson Middle	1380 Rosalie Avenue	94087
Sunnyvale Middle	1080 Mango Avenue	94087
High Schools		
Fremont High School	1279 Sunnyvale Saratoga Road	94087
Homestead High School	21370 Homestead Road	95014

Exhibit 4. HEALTH CARE SERVICES

Name	Address	Zip
Camino Health Services, Occupational Medicine Clinic	325 North Mathilda Avenue	94086
Columbia Neighborhood Center	785 Morse Avenue	94086
Fair Oaks Clinic	660 Fair Oaks Avenue	94086
Family Planning Services of Santa Clara	660 South Fairoaks Avenue	94086
Pennisula Medical Center	1197 East Arques Avenue	94086
Planned Parenthood	604 East Evelyn Avenue	94086
Sunnyvale Clinic	401 Old San Francisco Road	94086
Sunnyvale Medical Clinic	301 Old San Francisco Road	94086
Sunnyvale Treatment Center	582 South Sunnyvale Avenue	94086
Sunnyvale Urgent Care Clinic	201 Old San Francisco Road	94086

Exhibit 5. NEIGHBORHOOD ASSOCIATIONS AND PLACES OF WORSHIP

Name	Address	Zip
Neighborhood Associations (numbers in parentheses refer to number of households)		
Gavello Glen Neighborhood Association (180)	807 Gail Avenue	94086
HOLA Neighborhood Association (23)	N. Fairoaks & Central Expressway	94086
Kodiak Court Neighborhood Association (400)	672 Kodiak Court	94087
Lakewood Village Neighborhood Association	1293 Palamos Avenue	94089
Raynor Park Neighborhood Association (315)	1565 Quail Avenue	94087
Reseda Neighborhood Association (170)	785 Reseda Drive	94086
Rhonda Village (42)	1623 New Brunswick Avenue	94087
San Miguel Neighbors Association (700)	909 Amador Avenue	94086
Sunnyvale Neighbors of Arbor Lalinda (544)	575 Madrone Avenue	94086
Victory Village Neighborhood Association (155)	899 Dwight Avenue	94086
Vine Avenue Neighborhood Association (25)	397 Vine Avenue	94086
Washington Avenue Neighborhood Association	840 W. Washington Avenue	94086
Places of Worship		
Amitabha Buddhist Society of USA	650 South Bernardo Avenue	94087
Baha'I Faith of Sunnyvale	1203 Crescent Terrace	94087
Christian Science Reading Room	260 South Sunnyvale Avenue	94086
Church of Christ	1050 West Remington Drive	94087
Church of Jesus Christ (LDS)	771 West Fremont Avenue	94087
Church of the Living Rock	675 East Taylor Avenue	94086
Church of the Resurrection	1399 Hollenbeck Avenue	94087
Congregational Christian Church of American Samoa	1028 Ahwanee Avenue	94086
Congregational Community Church, San Jose United Presbyterian Church, Unitarian Universalist Fellowship	1112 South Bernardo Avenue	94087
El Camino Christian Church	397 South Mary Avenue	94086
Faith Walk Christian Center	1030 West Washington Avenue	94086

Exhibit 5. NEIGHBORHOOD ASSOCIATIONS AND PLACES OF WORSHIP

First Baptist Church of Sunnyvale	445 South Mary Avenue	94086
First Church of Christ, Scientist	1575 Albatross Avenue	94087
First Korean Christian Church	1145 East Arques Avenue	94086
First Orthodox Presbyterian	1210 Brookfield Avenue	94087
First Samoan Assembly of God	305 East Washington Avenue	94086
First United Methodist Church	535 Old San Francisco Road	94086
Full Gospel Korean Assembly of God	575 Britton Avenue	94087
Gateway Assembly of God, Templo El Monte Horeb Asamblea de Dios	455 East Maude Avenue	94086
Hope Community Church	127 North Sunnyvale Avenue	94086
In-Christ Christian Center	820 West McKinley Avenue	94086
International Society of Devine Love	1415 Mallard Way	94087
Korean Buddhist Temple of Chong Won Sa	719 Lakehaven Drive	94089
Lakewood Baptist Church	709 Lakewood Drive	94086
Polish Roman Catholic Pastoral Mission, St. Cyprian Catholic Church	1133 West Washington Avenue	94086
Presbyterian Church of Sunnyvale	728 West Fremont Avenue	94087
Raynor Park Christian Church	1515 Partridge Avenue	94087
River Church Community	550 East Remington Drive	94087
River of Life Christian Church	1095 Dunford Way	94087
Seventh-Day Adventist	653 West Fremont Avenue	94087
Springs of Life Fellowship	560 Britton Avenue	94086
St. Andrew & Paul	531 East Weddell Drive	94089
St. Herman of Alaska Orthodox Church	161 North Murphy Avenue	94086
St. John's Lutheran Church - ELCA	581 East Fremont Avenue	94087
St. Luke Lutheran Church - ELCA	1025 The Dalles Avenue	94087
St. Mark Lutheran Church	125 East Arques Avenue	94086
St. Martin Catholic Church	590 Central Avenue	94086
St. Thomas Episcopal Church	231 South Sunset Avenue	94086
The Salvation Army	1161 South Bernardo Avenue	94087

Exhibit 5. NEIGHBORHOOD ASSOCIATIONS AND PLACES OF WORSHIP

Trinity Baptist Church	823 West Fremont Avenue	94087
Trinity United Methodist Church	583 East Fremont Avenue	94087
Triumphant Life Center	402 Carroll Avenue	94086
Unity Missionary Baptist Church	1228 Brookfield Avenue	94087
Valley Faith United Methodist Church	125 Sandia Avenue	94089

Exhibit 6. RECREATIONAL SITES

Name	Address	Zip
Community and Civic Centers		
Columbia Neighborhood Center	785 Morse Avenue	94086
Historical Museum	230 East California Avenue	94086
Raynor Activity Center	1500 Partridge Avenue	94087
Sunnyvale Public Library	665 West Olive Avenue	94086
Sunnyvale Community Center	550 East Remington Drive	94087
Parks, Playgrounds and Athletic Fields		
Baylands Park	999 Caribbean Drive	94089
Columbia Neighborhood Center	785 Morse Avenue	94086
Cannery Park	900 California Avenue	94086
Encinal Park	445 North Macara Avenue	94086
Fairwood Park	1100 North Fairwood Avenue	94089
Municipal Tennis Center	755 South Mathilda Avenue	94087
Panama Park	755 Dartshire Way	94087
San Antonio Park	1026 Astoria Drive	94087
Sunken Gardens Golf Course	1010 South Wolfe Road	94086
Sunnyvale Municipal Golf Course	605 Macara Avenue	94086
Parks with Pools		
Columbia Middle School Park & Pool	739 Morse Avenue	94086

Exhibit 6. RECREATIONAL SITES

Lakewood Park & Pool	834 Lakechime Drive	94089
Peterson Middle School Park & Pool	1380 Rosalie Avenue	94087
Sunnyvale Middle School Park & Pool	1080 Mango Avenue	94087
Washington Park & Pool	840 West Washington Avenue	94086
Parks with In-door Facilities		
Braly Park	704 Daffodil Court	94086
Columbia Neighborhood Center	785 Morse Avenue	94086
De Anza Park	1150 Lime Drive	94087
Fair Oaks Park	540 North Fair Oaks Avenue	94086
Las Palmas Park	850 Russett Drive	94087
Murphy Park, Lawn Bowling	260 North Sunnyvale Avenue	94086
Orchard Gardens	238 Garner Drive	94089
Ortega Park	636 Harrow Way	94087
Ponderosa Park	811 Henderson Avenue	94086
Raynor Park	1565 Quail Avenue	94087
Serra Park	739 The Dalles Avenue	94087

Exhibit 7. SOCIAL SERVICES

Name	Address	Zip
General Social Services		
Baker Registry	690 West Fremont Avenue	94087
Columbia Neighborhood Center	785 Morse Avenue	94086
Fremont Society	133 East Fremont Avenue	94087
Housing Division at City Hall	456 West Olive Avenue	94086
Pacific Autism Center for Education	572 Dunholme Way	94087
Peninsula Parkinson's Support Groups	1170 Morse Avenue	94089
Salvation Army	1161 South Bernardo Avenue	94087
Sunnyvale Community Services	810 McKinley Avenue	94086
Employment Services		
California Employment Development	420 South Pastoria Avenue	94086
NOVA Private Industry Council	505 West Olive Avenue	94086
Proven People Senior Employment Project	820 West McKinley Avenue	94086
Senior Services		
Baker Senior Referrals	1669 Hollenbeck Avenue	94087
Senior Nutrition Program	535 Old San Francisco Road	94086
Senior Shared Housing Assistance	456 West Olive Avenue	94086
Sunnyvale Multi-purpose Senior Center	820 West McKinley Avenue	94086
Sunnyvale Senior Day Services	1025 The Dalles Avenue	94087
Adult Education		
ATLAS Program	589 West Fremont Avenue	94087
Columbia Neighborhood Center	785 Morse Avenue	94086

APPENDIX E: ASSET AND INDICATOR MAPS